G.R.S. IX—5]

Presence

13

*Previous references.*

1927-28 (Sanitary)

**File No.** 86-1

**Serial Nos.** 1—9, 11-28, 35

*Later references.*

C.B 102-26 no 28 (Comptl)
L.B 159-28 851-2
Jud 78-28 (9+11)
F.H 150-39, (1-2)

# GENERAL AND REVENUE SECRETARIAT.

P.W. 132-42-28-1

*Serial Nos.* 1—9, 11-28 & 35

**Part B for** Feb 1917

SUBJECT

Reorganisation of the Public Health Department—

35) To the Sanitary Commissioner, Madras, Surgeon Gen. & Principal Medical Officer, Madras, Comptroller, Madras, Chief Engineer, Revenue Commissioner, Commissioner of Salt Revenue, Madras, Presidents of the Municipal Councils, Madras, Bangalore and Mysore, Local Boards, Other Heads of Depts, &c., & Mr. S. Satyanatha Rao

No 5113-62/San 86-13-35 & 8.2.1917,

Sanctioning the reorganisation of the Public Health Department—

Printed on the Multigraph.

Jud
Not put on
22/7/13

1913-14

GENERAL AND REVENUE SECRETARIAT.

(Sanitary)

NOTES.

File No. 8-13

FILE HEADING.

Re-organisation of Public Health Department.

From

The Sanitary Commissioner

| No. | Dated | Received 6.2.14 |
|---|---|---|
| Diary No. 1447 | Enclos. Spare Copies. | Serial No. / |

BRIEF ABSTRACT OF LETTER.

NOTES AND ORDERS.

NOTES—First Sheet.

GPB—35,000—15-6-12

General and Revenue Secretariat.

San File No. 96 94 of 1913 ~~1912~~.

Serial No.

Forwarded for officially to the Sanitary Commissioner with a request that a suitable Scheme for the reorganisation of the Public Health Department may be submitted to Government before the end of February 1914.

The undermentioned files and orders relating to the Health Department are also sent for reference in this Connection:

1 Printed Collections { Rural 67-03 Sls 1 to 3 A. April'05
Sani 73-06 Sls 1, 3, 5 to 10 A. Aug'06

2. G.O No: 347-9 San 85-09-6 dy 14-7-10.

3. " 3447-57 / San 150-10-2 dy 8-11-11

4 " dy 478-94 Rul 393-07-38 dy 26-2-08.

5 " 6327-38 San 139-08-8 dy 26-1-1910

6. Medical file 119-13

Necessary action may also be finally taken with reference to para 9 of the letter in Medical file 119-13.

Yours obdt.

Bangalore
24th January 1914

Asst. Secretary
For Secretary
Genl & Rev. Depts

NOTE—Contn. sheet.

GPB—60,000—7-11-13

General and Revenue Secretariat.

File No. 86 of 1913-14



Serial No.

8 4447.8

A memorandum embodying my views on the subject of the reorganisation of the Public Health Department is enclosed. It is confined mostly to a discussion of the principles that in my opinion, should underlie the methods and means of efficient sanitary administration in the State.

Sanitary Commissioner.

P.H.

NOTE—Contn. sheet.

GPB—60,000—7-11-13

MEMORANDUM

on

THE RE-ORGANISATION

of the

PUBLIC HEALTH DEPARTMENT.

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MEMORANDUM.

Whole-time Sanitary Commissioner

For the efficient conduct of work in the Department I am of opinion that there should be a Whole-time Sanitary Commissioner for the State. Sanitary Commissioner who is an ex-officio officer and is overburdened with duties relating to the Medical and Jails Departments cannot hope to be able to be moving about from place to place as rapidly as is necessary for the efficient discharge of his duties, inspecting the general sanitation of towns and villages, verifying and directing the work of subordinate officers on the spot etc etc. In British India there is a Sanitary Commissioner distinct from the Senior Medical Officer or the Surgeon General and is almost always on the move on inspection work. Here in Mysore we have a Deputy Sanitary Commissioner who is also an ex-officio officer and whose primary work is essentially that of a stationary officer. The combination of the duties of Director of Public Health Institute and Deputy Sanitary Commissioner is, as I have already brought to the notice of Government in my letter No. C. 25[illegible] dated the 17th January 1913, - harmful and will certainly lead to neglect in one if not in both the branches of work. What I would propose therefore is either to separate the functions and have a whole-time Deputy Sanitary Commissioner or to appoint a Whole-time Sanitary Commissioner abolishing the post of Deputy Sanitary Commissioner. The office of the Inspector General of Prisons the duties of which are more consistent with those of the

2. the Sanitary Commissioner then of the Senior Surgeon may be tacked on to the former, the latter continuing to have the control over the Dispensaries in the Jails.

Whole-time Senior Surgeon

The Senior Surgeon being thus relieved of the charge of sanitation and Jails will be able to devote his entire attention to the Medical Department proper and endeavour to make it more efficient. Like the Sanitary Commissioner he will be essentially an inspecting officer and not merely an office man. As in Madras, he should be given a whole-time Assistant of experience and standing - to relieve him of the bulk of the office work, and to be able to manage the Department - so far as routine business is concerned - during his absence on tour.

Duties of the Director, Public Health Institute.

3 Relieved of the duties of Deputy Sanitary Commissioner, the Director of the Public Health Institute with a qualified Assistant to help him will have ample leisure to attend to the routine work in the Institute in an efficient manner and to start new branches of work having a direct practical bearing on the activities of the Health Department. The following list indicates in a general way the lines on which work in the Institute has to be conducted:-

(a) Systematic examination, of chemical as well as bacteriological, of the water supplies of the State; classification of micro-organisms found in the samples and determination of their powers of resistance to natural purifying agencies; examination of specimens for Plague, Kala azar, tubercle-germs etc.; investigation of the organi

organisms of syphilis in still-born foetuses with reference to the syphilitic history of both parents; preparation of bacterial vaccines for prophylactic use in cases of typhoid, chronic sequalae of gonorrhoea etc: study of the life history of parasites and their relation to diseases in man; investigation of the efficiency of the methods of disinfection as at present carried on in the State; determination of the germicidal and pulicidal values of various disinfectants: examination of food stuffs for adulteration and fitness for human consumption; quantitative analysis of staple foods - such as different varieties of ragi, rice, wheat, dhall etc; of the fruits, vegetables, greens etc grown and used in the State; of milk and its products; and a determination of the relative dietetic values of each of the articles.

One of the causes contributing to the decimation of population in the malnad is said to be a change in the diet adopted by the people. If this be correct the diffusion of knowledge on the subject obtained as a result of a systematic and scientific investigation conducted in the laboratory would be of inestimable value. It is true that results of analyses conducted elsewhere have been or are being from time to time published. But such knowledge is locked up in scientific treatises which are intelligible only to a trained brain. What is needed therefore is a verification of the results in our own laboratory and a statement thereof in a form that can be easily understood by the people. The education of the

the masses in the rudiments of hygiene is an important function of the Public Health Institute. As a means to this end I would recommend the periodical publication - at least once in a quarter of the results of the researches conducted in the Institute, - either in the Mysore Gazette or in the form of an official bullettin.

Military Education

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As recommended by the Vaccination Committee appointed by Government, the Vaccine Institute will have to be a separate institution by itself under the management of a whole-time officer. The construction of buildings for the Institute will take some time - at least 2 years. In the meanwhile, it is necessary to shift the Institute from its present insanitary surroundings to a more desirable locality. Its removal to the Tal-bagh Lodge has been sanctioned by Government and this temporary arrangement will suit very well, provided slight additions and alterations are effected to the Tal-bagh Lodge and the Assistant Surgeon is given house-accomodation in the immediate neighbourhood.

Vaccine Institute

4

Separate buildings for Public Health Institute.

The Vaccine Department having to be separated from the proposed programme of work in the Public Health Institute, the need for costly buildings for the latter ceases to exist. The present buildings and equipment - with a small addition for the refrigerating plant - would, in my opinion meet all requirements. I would particularly eschew all proposals for additions or improvements that are suggestive of more luxury in accommodation or in equipment. All our efforts at present ought to be directed towards systematising the

Sanitary needs of Districts.

the sanitary work in the Districts and in conserving all available resources to meet the pressing sanitary needs therein. I may be forgiven if I advert to the fact that the District Head Quarter Towns, not to speak of rural areas, are sadly wanting in even the barest sanitary essentials such as the existence of sources of supply of whole-some water, an efficient drainage system etc.

Central Sanitary Board.

The Senior Surgeon will ( in case a whole-time Sanitary Commissioner is appointed ) be in touch with the Sanitary Department through the Central Sanitary Board of which he will be a member. I would propose the following changes in the personnel of the Board:-

The Revenue Commissioner ( President )

The Chief Engineer ( Engineering member )

The Senior Surgeon ( Medical member )

The Sanitary Commissioner ( Sanitary member Secretary )

and the Sanitary Engineer ( Additional Engineering member )

As regards the functions and duties of the Central Sanitary Board, the proposals submitted in this office letter No. 913 dated the 15th July 1912 are sound and may be approved.

Sanitary programmes.

For the efficient progress of sanitation in the State, it is necessary for Government to go forward on well planned lines. A programme of work for each District ought to be drawn up not only for one year but for a number of years. Under para 13 of the draft rules proposed relating to the District Sanitary Boards, each District will have a clearly defined sanitary programme of its own and I only recommend that the proposals of the

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the District Sanitary Boards be financially backed with liberal annual grants out of provincial funds ( as is the case in Madras ) so that the sanitary effort in the Districts may assume a practical shape.

The Health Officers of Bangalore and Mysore Cities are both advisory and executive officers in the Health Department. As Vice-Presidents in Health matters they have control over the staff etc and their position calls for no remarks.

ies of Health Officers.

In regard to District Sanitary Officers, their duties according to the Government Order on the Health Scheme are to control the work of the Sanitary and Assistant Sanitary Inspectors and Vaccinators, systematically inspect towns and villages in respect of sanitation, take steps in regard to prevention of epidemics; and supervise the registration of vital statistics. The Dist. Sanitary Officer is the authority on sanitary matters in his District and, the adviser thereon of the Deputy Commissioner. To state the matter in another way - it is part of the duty of the District Sanitary Officer to find out by systematic frequent inspection whether and how far the rules relating to sanitation as provided for in the Municipal Regulations and the Village Sanitation Rules are being carried out and to take steps for their more efficient working. I believe that so far, the attempts to work the rules in the Municipal Regulation relating to sanitation have met with some measure of success only in the larger towns - of Bangalore and Mysore. As regards the rural ( urban as well as rural ) the

ies of District Sanitary Officers.

ctical difficulties

the difficulties practically encountered are well summarised in the following extract:-

" The patel is held orimarily responsible for the sanitation of the village. The Sanitary Inspector during intervals of preparing estimates for the repairs of temples and other work of kindred nature inspects the sanitation of the village and orders certain improvements. This does not necessarily imply that they may would be carried out. He has no control over the patels, and, even if he had, there is nothing to prevent the patel from pleading his inability in the matter on account of the agency required to get through any specified work. The Amildar is the Sanitary Officer of the Taluk and the Vice-President of the Municipalities and Unions thereon. He has nothing to do however with the Sanitary Officer of the District, receiving orders in sanitary matters as in others, from the Sub Divisional officer or the Deputy Commissioner. A special officer of higher status than that of Amildar is Vice-President of the Head Quarter Municipality. Sanitary Officer of the District has nothing to do with the Municipal Taluk or Village officers. He might suggest this or that improvement but it would be nobody's business to carry out it out. He might write repeatedly of one defect or other but there is nothing to ensure his getting a reply. He might, in short, notice anything at all from some slight sanitary imperfection to the gravest sanitary crime of bushing up epidemics, but yet dare not issue personal instructions lest his right to issue such be questioned. The only circumstance

circumstance that might render anything possible at all is the fear lest complaint be carried to the Deputy Commissioner. " Now, our system which, with regard to its working depends entirely on repeated complaints is obviously a defective one. The Sanitary Officer within a short time becomes too tiresome for anything and it might be taken as an axiomatic truth that he does least who complains most. It is only in the nature of things that complaints beget ill-feeling and ill feeling results in passive resistance no matter what the results may be ".

The relation of the District Sanitary Officer to the Municipal Councils and his powers over the sanitary staffs of any town have not been clearly defined. The question involves the difficult problem as to how far it is possible for an outside officer to interfere with the functions of the local Self-Government which the towns are supposed to possess. There is no doubt that the comparatively satisfactory results in Bangalore and Mysore Cities are due to the Health Officer being also the Vice-President of the Council in sanitary matters. What is required for other Municipalities seems only an extension of this principle of officially investing the Sanitary Officer with responsibilities connected with Public Health in the Municipalities. Being an itinerant officer he cannot be appointed ex-officio Vice-President of the Municipal Councils in health matters, - as in Bangalore and Mysore Cities To me there seems to be only one solution of the problem. Just as the Deputy Commissioner is

is ex-officio President of all the Municipalities in the District his Assistant in the Sanitary Department will be the District Sanitary Officer may be Secretary to him in matters pertaining to Municipal sanitation. In this capacity he will be in intimate touch with the Municipal Councils and will be able to put forward any proposition in regard to sanitary improvements - major or minor, - the steps to be taken for the control of epidemics, the arrangements to be made for the accurate registration of vital statistics and such other measures that, as the local expert in sanitary matters, he considers necessary to press upon the attention of the Municipal Council. He will also be able to place the work of Sanitary Inspectors in the Municipalities on an organised basis, defining their duties and minimising the prevailing tendency to employ these officials on duty wholly unconnected with their professional work and/the public health of the area. At present most of the Districts are very short-handed in Sanitary Inspectors and the District Sanitary Officer as Secretary to the President would be in a position to press for the completion of the cadre as early as possible. For 191 Sanitary and 30 Assistant Sanitary Inspectors that ought to be employed in the State under para 3 of Government Order No. 3901-L/ [illegible], 6/-03- dated the 8th April 1930 the number actually employed is 65 and 16 respectively.

The above proposal if sanctioned would necessitate the entertainment of whole-time District Sanitary Officers for the Districts in which there are at present no such officers, so as to ensure uniformity of procedure in every

every District.

sed revision of
of pay to Dist.
Officers.

The proposal to revise the scale of pay to District Sanitary Officers does not, in my opinion, call for immediate action. The scale as it now stands is attractive enough and should any difficulty be experienced in procuring candidates for employment, local men may be selected and sent with scholarships to Madras to undergo training for the B.S.Sc. degree. The grant of scholarships will be conditional, - the candidate binding himself to serve the Government of Mysore for a period of not less than 5 years after obtaining the necessary qualification.

rict Sanitary Assts.
to be utilised.

The District Sanitary Assistants may, after whole-time District Sanitary Officers are appointed for every District, be deputed solely to supervise vaccination, which is an important item of work. That the Assistants have been trained in sanitation is rather a distinct advantage, as in on occasions of out-breaks of epidemics their services may, if necessary, be utilised for the carrying out of preventive measures. I am not in favor of placing the District Sanitary Assistant in charge of groups of selected Taluks.

s of District
Officers
lation to rural
ts.

In regard to areas other than Municipalities - there is no difficulty, - provided the District Sanitary Officer is actually and not merely nominally the Assistant to the Deputy Commissioner in the Sanitary Department. His office should form an integral part of the Deputy Commissioner's Office just in the same manner as the offices of the District Superintendent of Police, the District

District Excise Officer and the District Forest Officer are. He should then be able to act in the name of the Deputy Commissioner ( and of course with his approval and under his orders ).

One of the most important duties of the Dist. Sanitary Officer is the supervision of the registration of vital statistics. Detailed proposals on the subject have been submitted with this office letter No. 2520 dated the 30th December 1913. It seems to me that one of the chief causes underlying defective registration is the utter lack of appreciation in the Districts as to the significance or value of the figures. An instance recently occurred where the annual ratio of births returned for certain urban areas amounted to nearly 100 per mille and of deaths almost to 200 per mille. It did not suggest itself to the compiling office that the figures in themselves were too abnormal to be true and that even if assumed to be correct the large excess of the Death-rate over the Birth-rate, if steadily maintained year after year, would in the course of 2 decades devastate a town containing a population of 2000. What I would recommend therefore is that the District Sanitary Officer be appointed District Registrar of vital statistics and that all statistical returns be compiled by him or in the Deputy Commissioner's Office under his direct supervision. In the Taluks the Sanitary Inspector should be responsible for the correct maintenance of registers in the Taluk Office and for the accurate compilation of returns. I am confident that an intelligent central control operating from the Taluk and District Head Quarters

Quarters would call forth greater care in the registration of vital statistics in villages.

Another measure I would recommend, is the introduction of the compulsory system of reporting Births and Deaths in all the Municipalities, under the provisions contained in the Municipal Regulations. Effort should be made to get intimation not only of Births and Deaths but also of arrivals and departures. This would facilitate the observation of new arrivals for infectious diseases and the vaccination of unprotected children. For rural tracts a new compulsory Act on the lines of Madras Act III of 1899 may be passed. A copy of the Act together with a copy of the rules framed thereunder is enclosed.

Compulsory system of Registration of Births and Deaths.

Other duties of the District Sanitary Officer will be, in the order of their relative importance (a) Education of the masses in regard to the Aetiology and prevention of infectious and other diseases (b) prevention of epidemics diseases (c) ascertaining the splenic index and (the vaccination state in the District) (d) original work with the microscope as occasion offers, and (e) systematic inspection of school children. Three of the District Sanitary Officers have been supplied with microscopes but so far there has been no evidence of their having been us-fully utilised.

Other duties of the Dist. Sanit. Officers.

To sum up: the District Sanitary Officer should be the real Assistant in sanitary matters of the head of the Administration in the District - in regard both to municipalities and rural areas. In Taluks the Sanitary Inspectors should exercise in

in their respective jurisdiction, functions similar to those proposed to be vested in the District Sanitary Officer in respect of the whole District.

J. F. Cummeyow

Sanitary Commissioner.

P.H.

Statement showing the financial effect of the proposals contained in the memorandum.

| Name of appointment. | Scale of pay. | Increase per annum | |
|---|---|---|---|
| | | Initial. | Final. |
| Sanitary Commissioner or Deputy Sanitary Commissioner. | 600-50/2-800 | 7200 | 9600 |
| Officer for the Vaccine Institute which will be in direct administrative charge of the Sanitary Commissioner in Mysore. | 100+50+50 | 2400 | 2400 |
| Three additional District Sanitary officers ( excluding the Chitaldrug District for which provision already exists ). | 150-10-250 | 5400 | 9000 |
| | Total | 15000 | 21000 |

T. V. Ramanujam

Sanitary Commissioner.

P.H.

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List of Sanitary Works of an urgent nature:

(i) A scheme for providing an efficient drainage system for the Bangalore City proper.

(ii) Construction of an up-to-date Infectious Diseases Hospital.

(iii) Construction of a Central Tuberculosis Hospital, Bangalore.

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GOVERNMENT OF MADRAS.

LEGISLATIVE DEPARTMENT.

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# REGISTRATION OF BIRTHS AND DEATHS ACT, 1899.

## MADRAS ACT No. III OF 1899.

MADRAS:
PRINTED BY THE SUPERINTENDENT, GOVERNMENT PRESS.

PRICE, 2 *annas* 3 *pies*.] 1909.

Printed under the authority of the Governor of Fort St. George in Council by the Superintendent of the Government Press, Madras.]

# MADRAS ACT No. III OF 1899.[1]

[*3rd April, 1899; 3rd May, 1899.*]

*An Act to make provision for the Registration of Births and Deaths in Rural Tracts.*

WHEREAS it is expedient to make provision for the registration of births and deaths in rural tracts; It is hereby enacted as follows:— Preamble.

**1.** This Act may be called the Madras Registration of Births and Deaths Act, 1899. Title.

**2.** The Local Government may, by notification, extend this Act, or any portion thereof, to any local area beyond the limits of the city of Madras and of the municipalities constituted under the Madras District Municipalities Act, 1884, and may also by notification exclude any such local area from the operation of the Act or any portion thereof. Extension and withdrawal of Act.

Mad. IV of 1884.

**3.** In this Act, unless there is something repugnant in the subject or context,— Interpretation-clause.

"village" means any local area which for purposes of revenue-administration is now recognised as a village, or which may hereafter be declared by the Local Government to be a village, and in which local area this Act or any portion thereof is in force : "Village"

"registrar" means a person appointed registrar of births and deaths under section 5 of this Act. "Registrar."

**4.** On the publication of a notification under section 2 extending this Act or any portion thereof to any local area, the District Collector shall cause to be proclaimed in the vernacular language by notices posted at the village chavadi or other conspicuous place and by beat of drum in every village within the area so notified and by publication in the District Gazette the date from which registration of births and deaths will be compulsory in the said area. District Collector to proclaim that registration will be compulsory.

[1] For Statement of Objects and Reasons, *see* Fort St. George Gazette, Supplement dated 22nd November, 1898; for Proceedings in Council, *see ibid*, dated 20th December, 1898, p. 15; and *ibid*, dated 28th March, 1899, p. 16.

The Governor General's assent to this Act was published in the Fort St. George Gazette, dated 8th June, 1899.

Appointment of registrars.

**5.** (*1*) On the publication of such notification, the Collector shall appoint a person either by name or by virtue of any office he may hold to be registrar of births and deaths for each village, or may if he sees fit divide any village into wards and appoint a person either by name or by virtue of any office he may hold to be registrar of births and deaths for each ward.

Registrars to keep registers in the prescribed form.

(*2*) Every registrar so appointed shall keep in the prescribed form a register of births and deaths for his village or ward, as the case may be.

Registrars to live in their villages or wards.

**6.** Every such registrar shall, unless otherwise expressly authorised by the Collector in writing, reside within the village or ward of which he is the registrar, and shall cause his name, with the addition of registrar of births and deaths for the village or ward for which he is so appointed, written in the vernacular language, to be placed in some conspicuous place on or near the outer door of his office.

District Collector to have registers printed and supplied.

**7.** (*1*) The District Collector shall cause to be printed and supplied a sufficient number of register-books for making entries of births and deaths according to such forms and instructions as may, from time to time, be prescribed by the Local Government.

Copy of such forms to be posted in the office of the registrar.

(*2*) A copy of such forms in the vernacular language shall be posted in some conspicuous place on or near the outer door of the office of every registrar.

Information of birth to be given within two weeks.

**8.** The father of every child or, in case of the death, illness, absence or inability of the father, the midwife assisting at the birth, and in her default every adult male member of the family resident in the house in which the child was born and any person having charge of the child, or in default of the above the mother, shall, within two weeks next after the day of such birth, give or cause to be given, either orally or in writing, information to the registrar, according to the best of his knowledge and belief, of the several particulars required to be entered in the forms prescribed under section 7 :

Provisos.

Provided that a person not required to give information in the first instance but only in default of some other person shall not be bound to give information under this Act if he had reasonable cause to suppose that the information had been or would be duly given by such other person :

Provided also that, in the case of an illegitimate child, it shall in the first instance be the duty of the mother of such child to give information under this Act, and no person shall, as father of such child, be required to give information under

this Act concerning the birth of such child, and the registrar shall not enter in the register the name of any person as father of such child, unless at the joint request of the mother and of the person acknowledging himself to be the father of such child, and unless such person shall sign the register together with the mother.

Information to be given respecting new-born child found exposed.

**9.** In case any new-born child is found exposed, it shall be the duty of any person finding such child and of any person in whose charge such child may be placed to give, to the best of his knowledge and belief, to the registrar, within seven days after the finding of such child, such information of the particulars required to be registered concerning the birth of such child as the informant possesses.

Information of death to be given within four days.

**10.** The nearest adult male relative present at the death, or in attendance during the last illness, of any person dying in a village, or, in case of the default of such relative, every adult male person present at the death, or, in case of their default, the occupier of the house, or in his default every adult male person living in the house in which such death has happened, or, in case of the default of such inmate, the person undertaking the disposal of the corpse shall, within four days from the date of death, give or cause to be given, either orally or in writing, information to the registrar, according to the best of his knowledge and belief, of the several particulars required to be entered in the forms prescribed under section 7 :

Provided that a person not required to give information in the first instance, but only in default of some other person, shall not be bound to give information under this Act if he had reasonable cause to suppose that the information had been or would be duly given by such other person.

Head of the village bound to give information regarding other deaths.

**11.** In case any person is found dead in a village under circumstances not covered by section 10, it shall be the duty of the head of the village to give forthwith, to the best of his knowledge and belief, to the registrar, such information of the particulars required to be registered concerning such death as the informant possesses.

**12.** Notwithstanding anything contained in sections 8 and 10 of this Act,—

In case of births and deaths in hospital, medical officer in charge to send notice to the registrar.

(*1*) in case of a child being born or of a person dying in any hospital, it shall be the duty of the medical officer in charge forthwith to send to the registrar a notice in writing of the occurrence of such birth or death containing the several particulars required to be entered in the forms prescribed under section 7 ;

In case of births and deaths in choultries, etc., keeper or person in charge to give the information required.

(*2*) in case of a child being born or of a person dying in any choultry, chattram, hotel, boarding-house, lodging-house, tavern, arrack or toddy shop or place of public resort, it shall be the duty of the owner, keeper or person in charge thereof to give the information required under sections 8 and 10 in the manner specified therein within forty-eight hours of the birth or death, as the case may be.

A person giving oral information to write his name in the register.

**13.** Every person who has orally given to a registrar any information required under this Act shall write in the register his name, description and place of abode, and, if he cannot write, shall put his mark in the register to his name, description and place of abode, these particulars being in such case entered by the registrar.

When registrar to give extract, free of charge.

**14.** The registrar shall, as soon as the registration of the birth of a child has been completed, give, on application, free of all charge, to the person who gives information of the birth an extract under his hand from the register relating to such birth.

Registrar to register information without fee or reward and inform himself of every birth and death.

**15.** Every registrar shall without fee or reward register all information furnished to him under sections 8 to 13, and it shall also be his duty to inform himself carefully of every birth and of every death which takes place in his village or ward, and he shall ascertain and register, as soon as conveniently may be after the event, the particulars required to be registered according to the forms prescribed under section 7 touching every such birth and death, as the case may be, which has not already been registered.

Entry of name of child.

**16.** When the birth of any child has been registered without name, the parent or guardian of such child may, within twelve months next after the registration of birth, require the registrar to enter in the register the name of such child; and the registrar shall thereupon enter the name, and shall initial and date the entry.

Search of birth and death registers.

**17.** Subject to any rules which the Local Government may make under section 20, any person may at all reasonable times, on payment of a fee of four annas for each visit, search any register of births and deaths, and may on payment of a further fee of four annas obtain an extract from such register relating to any birth or death registered therein.

All extracts given under this section shall be certified as provided in section 76 of the Indian Evidence Act, 1872,[1] I of 1872, and may be produced in proof of the entries of which they purport to be copies.

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[1] Printed, General Acts, Vol. II; *see* too the revised edition of the Acts as modified up to 1st April, 1890.

**18.** Any person who—

(*1*) fails without reasonable cause to give any information which it is his duty to give under sections 8, 9, 10, 11 and 12 of this Act ; or

Penalty for omission to give information, etc.

(*2*) gives, or causes to be given, for the purpose of being inserted in any register of births or deaths, any information which is false and which he knows or believes to be false touching any of the particulars required to be known and registered ; or

(*3*) refuses to write his name, description and place of abode or to put his mark in the register if required by section 13 ;

shall, on conviction before a Magistrate, be liable to a fine not exceeding ten rupees.

**19.** (*1*) No prosecution in respect of any offence punishable under this Act shall be instituted except under the order of the Tahsildar having jurisdiction over the village in which the offence was committed or of an officer to whom the Tahsildar is subordinate.

Prosecutions not to be instituted except under the order of a Tahsildar or an officer superior to him.

The District Collector or any officer generally or especially empowered by him in this behalf may stay such prosecution.

(*2*) In prosecutions for offences under the provisions of this Act, the accused person may appear by an agent and may of right be defended by an agent :

Accused persons may appear and be defended by agents.

Provided that the Magistrate may at any stage of the proceedings, for reasons to be recorded in writing, direct the personal attendance of the accused.

**20.** The Local Government may, after previous publication, make rules—

Power of Local Government to frame forms and make rules.

(*1*) prescribing the forms of registers of births and deaths required to be kept under this Act ;

(*2*) for the inspection and examination of the registers maintained under section 5 ;

(*3*) for the conduct of the duties of the registrar during his absence on other duty or on account of illness or other cause.

(*4*) for the custody, production and transfer of the registers and other records kept by registrars ;

(*5*) for the correction of clerical errors which may be discovered in the registers of births or registers of deaths ;

(*6*) generally to carry out the provisions of this Act.

80. REVENUE, 19TH FEBRUARY 1912.

2. The Tamil, Telugu, Malayalam and Canarese Translators to Government will furnish, with the least possible delay, the necessary translations of this notification to the Superintendent, Government Press, who will print the required number of copies in English and the vernaculars and forward them to the Collectors concerned for publication.

(True Extract.)

A. G. CARDEW,
*Secretary to Government.*

To the Board of Revenue (Revenue Settlement).
" the Local and Municipal Department.
" the Public Department.
" the Collectors except those of Madras and Anjengo.
" the Superintendent, Government Press.
" the Tamil Translator to Government.
" the Telugu "
" the Canarese "
" the Malayalam "
Copy to the Legislative Department.
" the Board of Revenue (Land Revenue),
" " (Separate Revenue).

# APPENDIX.

## NOTIFICATION.

Under section 20 of the Madras Registration of Births and Deaths Act, III of 1899, His Excellency the Governor in Council is pleased to make after previous publication, the following rules in supersession of those published under Revenue Department Notification No. 186 on pages 461–466 of Part I of the *Fort St. George Gazette*, dated 27th March 1900 :—

### *Rules under Madras Act III of* 1899 *for the Registration of Births and Deaths in Rural Tracts.*

The registrar or registrars appointed by the Collector under section 5 for each village or ward to which the Act shall be applied shall each maintain a register of births in the annexed form No. 1 and a register of deaths in the annexed form No. 2. In both the registers, the serial number of the event should be entered commencing from 1st January, and the series should be continued up to 31st December. No entries may be interpolated between two serial numbers. No entry will be made in column 4 of form No. 1 unless the father of the child wishes that the mother's name should be recorded in addition to his name. In respect of illegitimate children the registrar should observe the instructions given in the last portion of section 8. The "classes" to be entered in column 7 of the register of births and column 7 of the register of deaths are : "Europeans," "Eurasians," "Native Christians," "Hindus," "Muhammadans," and "Other classes." Castes and sub-divisions of castes should not be noted. In the case of persons who have no house-name, the father's name must be entered in column 3 of form No. 2. Each registrar shall submit abstracts of his registers in Village Manual forms 19-A and 19-B (annexed) monthly to the Tahsildar. In the case of Europeans and European British subjects as defined in section 4 of the Criminal Procedure Code, an additional register of births in form No. 1-A and an additional register of deaths in form No. 2-A shall be maintained in counterfoil. The entries in these two registers should be made in diglott. In case the registrar is ignorant of English and the informant of the vernacular, the registrar should take steps to get a vernacular translation of the report and enter the particulars in the vernacular then and there. If he cannot get such a translation, the vernacular as well as the English entries should be made by the Revenue Inspector on his first visit to the village.

2. Information regarding births or deaths may be given to the registrar in writing either by a letter containing all the necessary particulars or in the forms annexed Nos. 3-A and 4-A in the case of Europeans and European British subjects and Nos. 3 and 4 in the case of others. These forms will be supplied by the registrar free of cost to all residents within the area for which he has been appointed. Oral information of births and deaths may also be given, but in the case of Europeans and European British subjects, written reports in diglott (*i.e.*), in English and in the vernacular of the district should, if possible, be obtained from the informant when the registrar does not know English. In every case in which a birth is registered, the registrar shall, as required by section 14, give to the informant, on his application, free of all charge, a memorandum of the fact in the annexed form No. 5. All information received by the registrar by letter or in form No. 3 and form No. 4 shall be filed by him and preserved for two years. But any letter or form No. 3-A or form No. 4-A received in the case of Europeans and European British subjects shall, after the register in form No. 1-A or 2-A has been completely filled up in diglott, be forwarded with the counterfoils of the register without delay to the office of the Registrar-General of Births, Deaths and Marriages. If the letter or form No. 3-A or 4-A be in English and the registrar does not know English, the duty of despatching the records to the Registrar-General shall be performed by the Revenue Inspector on his first visit to the village.

3. The registers and files of letters and forms, and the accounts relating to fees received under section 17 and the other records to be maintained by the registrar under the orders of the District Collector will be open to the inspection of any Revenue officer of or above the rank of Revenue Inspector, and it shall be the duty of those officers to examine and test the registers and records in such manner and at such intervals as may be prescribed by the District Collector. Provided that in case the Sub-Registrar of Assurances is the registrar, the checking officer shall not be lower in rank than a Tahsildar or Deputy Tahsildar in independent charge.

4. The registrar shall, in addition to compliance with the provisions of sections 6 and 7 of the Act, also notify in some conspicuous place on or near the outer door of his office, or (if he have no office) of his house, the hours during which he will attend to register births and deaths. The hours should be two or three hours in the day (excluding Sundays and authorized holidays), and will be determined for each registrar by the District Collector. If the registrar is absent for any cause during these hours, he shall post a notice on or near the outer door of his office or house showing when he will be able to perform his duty as registrar, and the name of the person to whom during his absence, letters or written information in forms Nos. 3, 4, 3-A and 4-A may be delivered by informants.

5. In case the registrar is unable for more than two days to attend to his duty on account of illness or other urgent cause, he shall report the fact to the nearest Revenue officer of or above the rank of Deputy Tahsildar, and that officer shall at once make temporary arrangements for the performance of the duties of the registrar, and any person thus temporarily appointed shall be held to be the registrar for the purposes of the Act and of these rules.

6. The registers in forms Nos. 1, 2, 1-A and 2-A, shall be retained in the custody of the registrar for twelve months after the close of each calendar year and shall then be deposited with the Sub-Registrar of Assurances for the division in which the village is situated, who shall file them in his office. If the Sub-Registrar of Assurances is himself the registrar, he shall retain the registers in his office, and shall be the officer who will give and certify extracts therefrom under section 17. While the registers remain in the custody of a registrar who is a village head or accountant, the officer who will give and certify extracts therefrom under section 17 shall be the Tahsildar or Deputy Tahsildar to whom the village head or accountant is subordinate. After the transfer of the registers to the Sub-Registrar of Assurances that officer shall be the person who will give and certify extracts therefrom under section 17.

7. All clerical errors found in the registers of births or in the registers of deaths should be corrected by drawing a line through the original entry (but not so as to render it illegible) and writing the new entry above it, and the correction should be initialled and dated by the registrar alone, if the error be discovered by him, or by both the registrar and the checking officer, if the error be discovered by the checking officer. Provided that no entry shall be corrected under this rule more than a year after the entry is made except with the previous sanction of the Divisional-officer.

8. In the case of a child which is born dead and also in the case of a child which dies before its birth has been registered, the registrar should enter the birth in the register of births and the death in the register of deaths.

9. It shall be the duty of all village officers and village servants working in any village or ward to which the Act may be extended to assist the registrar in obtaining information for the registration under section 15 of all births and deaths which have not been already registered. They should also warn persons who are bound to give information regarding such births or deaths of their liability to punishment under section 18 of the Act for failure to give information in due time.

10. When the registrar receives information of any births or deaths which should be registered by him, but have not been reported to him in due time, he shall, on the 15th and on the last day of each month, prepare a list of such cases in form No. 6 and submit it to the Tahsildar for his orders (or those of the Divisional officer, if the District Collector so direct) as to whether the persons who have failed to give information as required by the Act should be prosecuted under clause (1) of section 18. The registrar should, if possible, obtain and enter in the list the explanation of the supposed defaulter and the remarks of the village head, which should be signed by the village head, and should add his own remarks and sign and date the list. If the village head is himself the registrar, he should enter his remarks only in the column for remarks of the registrar. Particulars of any offences which may be committed under clauses (2) and (3) of section 18 should be submitted to the Tahsildar by the registrar in the form of a report.

11. Fees for searches and fees for applications for extracts under section 17 shall be paid in court-fee stamps.

Village Form No. 19-A.

Monthly Return of Births registered in the village of during 191 .

| Class. | Male. | Female. | Total. | Remarks. |
|---|---|---|---|---|
| 1 | 2 | 3 | 4 | 5 |
| Europeans .. .. .. .. | | | | |
| Eurasians .. .. .. .. | | | | |
| Native Christians .. .. .. | | | | |
| Hindus .. .. .. .. | | | | |
| Muhammadans .. .. .. | | | | |
| Other classes .. .. .. | | | | |
| Total .. | | | | |

*N.B.*—The number of children born dead should be noted in the remarks column.

Village Form No. 19-B.

Number of Deaths registered in the village of during 191 .

| In each class. | | | From each cause. | | | At different ages. | | |
|---|---|---|---|---|---|---|---|---|
| Classes. | Male. | Female. | Causes. | Male. | Female. | Age periods. | Male. | Female. |
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 |
| Europeans .. | | | 1. Cholera .. | | | Under 1 year .. | | |
| Eurasians .. | | | 2. Small-pox— | | | One year and under 5 years. | | |
| Native Christians. | | | (1) Under 1 year. | | | Five years and under 10 years. | | |
| Hindus .. .. | | | (2) Between 1 and 10 years. | | | Ten years and under 15 years. | | |
| Muhammadans .. | | | (3) Over 10 years. | | | Fifteen years and under 20 years. | | |
| Other classes .. | | | 3. Plague .. | | | Twenty years and under 30 years. | | |
| | | | 4. Fevers .. | | | Thirty years and under 40 years. | | |
| | | | 5. Dysentery and Diarrhœa. | | | Forty years and under 50 years. | | |
| | | | 6. Respiratory diseases. | | | Fifty years and under 60 years. | | |
| | | | 7. Suicide .. | | | Sixty years and upwards. | | |
| | | | 8. Wounds .. | | | | | |
| | | | 9. Accidents .. | | | | | |
| | | | 10. Snake-bites . | | | | | |
| | | | 11. Killed by wild beasts— | | | | | |
| | | | (1) Elephants .. | | | | | |
| | | | (2) Tigers .. | | | | | |
| | | | (3) Leopards, panthers or cheetahs. | | | | | |
| | | | (4) Bears .. | | | | | |
| | | | (5) Wolves .. | | | | | |
| | | | (6) Hyænas .. | | | | | |
| | | | (7) Crocodiles .. | | | | | |
| | | | (8) Wild pigs .. | | | | | |
| | | | (9) Others .. | | | | | |
| | | | 12. All other causes | | | Total .. | | |
| Total .. | | | Total .. | | | Born dead .. | | |

First date of death from cholera———.

Last date of death from cholera———.

*Date*———— .

*Signature.*

Form No. 1.

Register of Births during the year in village of taluk of district.

| Consecutive number of entries. | Date of registration. | Name and residence of parent to whom child is born. | | | Particulars of the child. | | | | Particulars of the informant. | | | Signature or mark of the informant if the information is given orally. | Signature of the Registrar. |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | Father's name. | Mother's name. | Residence. | Male or Female. | Class. | Date of birth. | Name, if any. | Name. | Description. | Residence. | | |
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 |
| | | | | | | | | | | | | | |

Form No. 2.

Register of Deaths during the year in village of taluk of district.

| Consecutive number of entries. | Date of registration. | Particulars relating to the deceased. | | | | | | | | | | | | | | | | Particulars of the informant. | | | Signature or mark of the informant if the information be given orally. | Signature of the Registrar. | Remarks. |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | Name and father's name. | Residence at the time of death. | Age. | Male or Female. | Class. | Date of death. | Cause of death. | | | | | | | | | | | | | | | |
| | | | | | | | | Born dead. | Cholera. | Small-pox. | Plague. | Fevers. | Dysentery and Diarrhœa. | Respiratory diseases. | Injuries. | All other causes. | Name. | Description. | Residence. | | | |
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 |
| | | | | | | | | | | | | | | | | | | | | | | | |

## Form No. 1-A.

Register of Births for Europeans and European British subjects as defined in section 4 of the Criminal Procedure Code.

*Original.*

1. No.
2. Province.
3. District.
4. Place and date of birth.
5. Name (see item 14).
6. Sex.
7. Name and surname of father.
8. Name and maiden name of mother and nationality.
9. Rank or profession and nationality of father.
10. Name and residence of informant and in what capacity he gives information.
11. Informant's signature if information be given orally.
12. When registered.
13. Signature of Registrar.
14. Name if added or altered after registration of birth.
15. Date of addition or alteration.

Register of Births for Europeans and European British subjects as defined in section 4 of the Criminal Procedure Code.

*Duplicate.*

1. No.
2. Province.
3. District.
4. Place and date of birth.
5. Name (see item 14).
6. Sex.
7. Name and surname of father.
8. Name and maiden name of mother and nationality.
9. Rank or profession and nationality of father.
10. Name and residence of informant and in what capacity he gives information.
11. Informant's signature if information be given orally.
12. When registered.
13. Signature of Registrar.
14. Name if added or altered after registration of birth.
15. Date of addition or alteration.

**Form No. 2-A.**

Register of Deaths for Europeans and European British subjects as defined in section 4 of the Criminal Procedure Code.

*Original.*

1. No.
2. Province.
3. District.
4. Place and date of death.
5. Name in full.
6. Sex and nationality.
7. Age
8. Rank or profession.
9. Names of parents.
10. Cause of death.
11. Place of burial.
12. Name and residence of informant and in what capacity he gives information.
13. In the case of a married woman or a widow, name, religion and occupation of her husband or late husband.
14. Informant's signature if information be given orally.
15. When registered.
16. Signature of Registrar.

Register of Deaths for Europeans and European British subjects as defined in section 4 of the Criminal Procedure Code.

*Duplicate.*

1. No.
2. Province.
3. District.
4. Place and date of death.
5. Name in full.
6. Sex and nationality.
7. Age.
8. Rank or profession.
9. Names of parents.
10. Cause of death.
11. Place of burial.
12. Name and residence of informant and in what capacity he gives information.
13. In the case of a married woman or a widow, name, religion and occupation of her husband or late husband.
14. Informant's signature if information be given orally.
15. When registered.
16. Signature of Registrar.

Form No. 3.

Village .....

Taluk .....

District .....

*Report of Birth.*

Parent's { 1. Name .....
2. Residence .....

3. Sex (male or female) .....

4. Class (European, Eurasian, Native Christian, Hindu, Muhammadan or Other) .....

5. Date of birth .....

Informant's { 6. Name .....
7. Description .....
8. Residence .....

*Date* .....

*Signature of Informant.*

Form No. 3-A.

Report of Birth among Europeans and European British subjects as defined in section 4 of the Criminal Procedure Code.

| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
|---|---|---|---|---|---|---|---|---|---|
| Year. | Village and district. | Province. | Place and date of birth. | Name of the child. | Sex. | Name and surname of father. | Name and maiden name of mother and nationality. | Rank or profession and nationality of father. | Full name, description and residence of informant and in what capacity he gives information. |
| | | | | | | | | | |

*Date* .....

*Signature of Informant.*

Form No. 4.

Village .....

Taluk .....

District .....

*Report of Death.*

1. Name of the deceased .....
2. Father's name .....
3. Residence at the time of death .....
4. Age .....
5. Sex (male or female) .....
6. Class (European, Eurasian, Native Christian, Hindu, Muhammadan or Other) .....
7. Date of death .....
8. Cause of death .....

Informant's { 9. Name .....
10. Description .....
11. Residence .....

*Date* .....

*Signature of Informant.*

Form No. 4-A.

Report of Death among Europeans and European British subjects as defined in section 4 of the Criminal Procedure Code.

| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Year. | Village and district. | Province. | Place and date of death. | Name in full. | Sex and nationality. | Age. | Rank or profession. | Cause of death. | Full name, description and residence of informant and in what capacity he gives information. | Place of burial. | Names of parents. | In the case of a married woman or a widow, name, race, religion and occupation of her husband or late husband. |
| | | | | | | | | | | | | |

*Date*_____ *Signature of Informant*

Form No. 5.

Village_____

Taluk_____

District_____

*Memorandum of registry of a birth given under section* 14 *of Madras Act III of* 1899.

1. Consecutive number of entry_____
2. Date of Registration_____

Parent's { 3. Name_____ 4. Residence_____

5. Sex (male or female)_____
6. Class_____
7. Date of birth_____
8. Name, if any_____

Informant's { 9. Name_____ 10. Description_____ 11. Residence_____

Registered by me in Form No. 1 on 191

*Date*_____ *Signature of Registrar.*

Form No. 6.

_____ Village, _____ Taluk.

Statement of Defaulters under clause (1) of section 18 of Madras Act III of 1899 for the fortnight ending 191 .

[*N.B.*—After the name in column 3 enter also "Birth" or "Death," as the case may be.]

| Serial number. | Date of birth of the child or of the death of the person. | Name of the parent of the child or name of the deceased person. | Particulars of the defaulter who failed to make the registration. | | Defaulter's relationship to the child born or to the deceased. | Source of information regarding the defaulter and particulars of evidence available. | Explanation of the defaulter, if any. | Remarks and signature of village head. | Remarks of the Registrar. | Orders of the Tahsildar or Divisional Officer. |
|---|---|---|---|---|---|---|---|---|---|---|
| | | | Name. | Residence. | | | | | | |
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 |
| | | | | | | | | | | |

G. R. S. 12

General and Revenue Secretariat.

Sam File No. 86 of 1913-14

Serial No.

5 In the proceedings for the appointment of a District Sanitary officer for the Chittaldrug District, the Sanitary Commissioner was requested to submit a suitable scheme for the re-organisation of the Public Health Department in the State. His proposals are the following:

b / Whole time Sanitary Commissioner

In the Health scheme ordered by 1378-92 dated Sam 93-06-8 the 10th August 1907, the Senior Surgeon was appointed as ex-officio Sanitary Commissioner and a Whole-time Deputy Sanitary Commissioner was sanctioned on a pay of Rs 500-$\frac{50}{2}$-750, which appointment was held by Mr. Galpin, till the end of March 1911. On his transfer to Shimoga District as District Sanitary officer, the post of the Deputy Sanitary Commr remained vacant. During November 1912 Dr. Srinivasa Rao was appointed by Sanitary Commr in addition to his duties as Director of Public Health Institute (Govt. ord. No 3423-6 dated Sam 99-11-4 13th Nov/12)

) As regards the appointment of a Whole-time Dy Sanitary Commissioner, the Retrenchment Committee have resolved that the post of the Dy Sanitary Commr as a separate appointment, should be finally abolished.

It is a point for consideration and orders whether a Whole-time Dy Sanitary Commissioner of

NOTE—Contn. sheet.

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General and Revenue Secretariat.

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has
a Sanitary Commissioner like elsewhere. The pay proposed by the Sanitary Commissioner in the provisional statement is Rs 600-50/2-800, per mensem, for either of these officers. It is further proposed to appoint the Sanitary Commissioner, in case a whole time officer is sanctioned, as ex-officio Inspector General of prisons

9 2. Whole time personal assistant to the Senior Surgeon.

With reference to the representation made by the Senior Surgeon in November 1912, he was requested to state whether there is sufficient work for a full-time personal assistant. As no reply has been received the matter was recorded with no present orders. The question has to be considered in the Medical section on receipt of a separate reference from the Senior Surgeon.

10) 3 Director of public Health the Institute

The Sanitary Commissioner is of opinion that for efficient work in the Institute the Director should be relieved of his duties of Sanitary Commissioner and he should devote his attention to research work of various nature. The Sanitary education of the masses is stated to be one of the duties of the Director and the periodical publication of the results obtained in the Laboratory is recommended by the Sanitary Commissioner as a means to

NOTE—Contn. sheet.

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General and Revenue Secretariat.

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to this end. On a reference from the Sanitary Comm in January 1913, that Dr Srinivasa Rao should either be a Director of public Health Institution or a Dy Sanitary Comm, he was informed in Govt. proc. No. 6698 dated 4.3.13, that the orders of Govt in this matter (Gen 23-12-5) were passed very recently and he was requested to study the present position and the alleged inconvenience of the arrangement and to put forward such alternative arrangements as will best answer public interest for the consideration and orders of Govt.

11) 4 Vaccine Institute

The Sanitary Comm proposes to appoint an officer on Rs(100+50+50) for the Vaccine Institute which will be under the direct administrative charge of the Sanitary Comm. There is at present an Assistant Surgeon attached to the vaccine Institute under the immediate charge of the P. Publicity. The grant of allowance to the Assistant Surgeon is under consideration of Govt as regards the location of the Institute the Sanitary Comm recommends the construction of a new building. The question has to be considered on receipt of scheme & proposal

12) 5. Central Sanitary Board

Under Central Sanitary Board it is proposed to have the Revenue Comm as "president"

NOTE.—Contn. sheet.

G.P.B.—60,000—7-11-13

Serial No.

instead of Sanitary Commr, according to the Health scheme order, during the 10 August 07. The Sanitary Commr does not give the reason for this change. Rules received from the Sanitary Commr defining the duties and powers of the Central and District Sanitary Boards were submitted to the Secretary on the 10th June 1913.

13) 6. Sanitary progress.

In order to carry out Sanitary Improvement in the Districts the Sanitary Commr proposes that the programme of work for each district should be drawn up not for one year but for a number of years. He recommends the grant of liberal annual Contributions from Provincial funds in order that the Boards concerned may give practical effect to their programmes.

14) 7 Duties of the District Sanitary officers

As in accordance with Govt. Gen. No. 8478-84 dated the 26th February 08, the District Sanitary officers cannot address Asst Collectors direct in matters connected with sanitation, the Sanitary Commr proposes that the District Sanitary officers, should be made the Secretary to the presidents of the Municipal & District Boards in matters pertaining to sanitation. The opinion of the presidents of the Municipal & District Boards, on this point, seems necessary.

Govt. No. 393-07-3

NOTE.—Contn. sheet.

G P B—60,000—7-11-13

General and Revenue Secretariat.

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The Sanitary Commissioner recommends that the District Sanitary officer must be considered as assistant to the Dy Commr in the Sanitary department and that his office should form an integral part of the Dy Commrs office. According to rules regulating the functions of the public Health department in the districts the District Sanitary officer is the Dy Commrs assistant in sanitary and health matters (vide Govt. proc. No. 3447-57 dated 8.11.11) The Sanitary Commr further recommends that the District Sanitary officer should be also the District Registrar of vital statistics. Govt 1570-10-2

15 The Sanitary Commr urges the necessity for the appointment of a District Sanitary officer for each District and the full complement of Sanitary or Assistant Sanitary Inspectors for all the municipal towns.

16) 8. Sanitary needs of Districts

The question of water supply in villages is under consideration of Govt.

17) The detailed proposal received from the Sanitary Commr on the question of improvement of Vital statistics has been submitted separately (Sanfile No. 75-13)

It is submitted that in the present reference no change is proposed regarding the provision

NOTE.—Contn. sheet.

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General and Revenue Secretariat.

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File No. 84 of 1913-14

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of the vaccination establishment.

to requires the District Sanitary Assistants
The Sanitary Commissioner proposes to delegate them
solely to supervise vaccination work
Submitted for orders.

57
11.2.14

(see the following files)

2. A copy of my note on the reorganisation of the Public Health Dept is placed in the file. This was considered at an informal meeting of the 2nd member of Council & the Sanitary Commr on 7.4.14, and their opinions are noted in the margin of the Memo

21 It was ordered that a revised Memo should be drawn up as soon as the Rules re Central Sanitary Board are received back from the Sanitary Bd. These were received only on 29/5, & submitted to the 2nd member by me today. Then papers are required for the meeting on 3.6.14 at Mysore;
~~[illegible]~~ there is no time for preparing a revised note

Sent to Mr II for reference at Board meeting.

Asst
1/6.

22 A draft on the lines approved in the meeting of 3-4-14 is put up

Asst
14/9

DHSec[y]

File read back, after perusal by the Exp Member, on 18.8.14.

NOTE—Contn. sheet.

GPB—60,000—7-11-13

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In the G.O. on the proposals of the Retrenchment Committee on the Q.M. Dept., Govt. have decided that Sanitary duties should be P.S. of the Ex Gun Lascars as far as possible be performed by the Lascars of the Ex Gun Lascars themselves

13 3 1914

I forgot to tell you this morning that the D.G. of Stores must not be a medical officer.

The Chief Judge of Mysore was The D.G. of Stores in Mysore before the Surgeon was made The D.G. Yesterday Surgeon Gen.

D. O. No. 76.

OFFICE OF THE SENIOR SURGEON WITH THE GOVERNMENT OF MYSORE.

Bangalore, 8. 4. 191 1914

Dear Sir This file is pending receipt of the proposals from the Sanitary Commissioner for the 1/16

In the ref: to the question of training Vaccinators at the Local Vaccine institute for a period of two months I proposed a scholarship of Rs 2 a month - for two months. Extracted from the records

In place that the second
assistant who was
promised lately in the
same institution was
in Rs 5 a month
two months. Please see
to pay for 6 months at
Rs 2 a month into
a month with the

provision of the Convention.
(2nd member opposes.)
Vote
Lord Lansdowne explained the proposal to
train vaccinators locally
and explained the whole
scheme of [illegible] vaccinators
[illegible] months in the
[illegible] will kindly provide
in the provincial Vaccinators
in the Police Dispensaries
[illegible] Forest Department, Posts

Ne Tuus pro aeui Salaris

Dominicus

D. Cruciger

# Note on the Organization of the Public Heal Department.

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To enable us to organise the Public Health Department succ[illegible]ully, and to ensure the same result in the improvement of Public Health as has been obtained elsewhere it appears necessary to briefly review the stages in the organisation and development of the Department and the improvement of Public Health in England, which was the first country to tackle the subject on a scientific basis.

Previous history. The need for Public Health legislation and the organization of a Public Health Service arose from the overcrowding in cities and industrial centres which resulted from the growth of Industrialism in England in the latter part of the 18th and the earlier part of the 19th century. The sanitary condition of towns and industrial centres during that period was far worse than what we see in our Province today

The first official notice of this need was taken by the Poor Law Commissioners who, in a memorandum forwarded to the Home Secretary in 1838, urged that " if the condition of the poor was to be permanently improved, and the administration of the Poor Laws placed on a sound and economic basis, it wa highly necessary to adopt preventive measures against certain primary evils, particularly by enacting and enforcing a systematic code of health in the towns".

The first Public Health Act was passed ten years later i,e,, in 1848, with the object of " providing more efficiently for improving the sanitary condition of towns and populous places". It established a General Board of Health to supervise the working of the Act. As this was a measure tending towards centralisation. the Act was unpopular among

Local Authorities. In 1858, this Board of Health was abolished. But by this time, the Sanitary Code had been to some extent elaborated. Firstly, though public nuisances could be dealt with as indictable offences on complaint by the Parish, the procedure involved was too clumsy to be effective, and therefore the Nuisance Removal Acts of 1846 were enacted with a view to deal with nuisances by preventive administration.

Secondly, a similar Act of 1855 enabled the Local Authorities to appoint Inspectors of Health. But nevertheless, in most cases, the use made of these powers were disappointing; and the machinery of Local Government had proved insufficient to translate these laws into actual administration. Foul water and unscientific systems of drainage, unhealthy houses and overcrowding still produced and propagated all kinds of endemic and epidemic diseases.

A ROYAL SANITARY COMMISSION was therefore appointed in 1868 to report upon these defects. They recommended the following:-

(i) In regard to towns, with a population of more than 3000, there should be a Town Council, or a Local Board as the authority for local government.

(ii) In regard to rural districts, the Poor Law Unions should be recognised as the administrative district and the Poor Law Guardian as the administrative authority.

(iii) The Central Government should have power to compulsorily apply the Sanitary Laws to any urban area, at their discretion.

(iv) A strong central authority should be created to compel local authorities to perform their duties, to secure uniformity of action among them, and to control the expenditure of local bodies, without interfering with the

details of local administration.

The grand purpose of these recommendations was to actualise the Sanitary Laws which consisted of two groups:-

(i) Certain powers granted to Local authorities for the provision of Sanitary needs; water supply and drainage being compulsory duties.

(ii) the provision of courts of summary jurisdiction for the prosecution of nuisances to prevent which the local authorities be were responsible, and the grant of powers to those authorities to execute certain works for the removal of prevention of nuisances on default by the party responsible, and to recover the cost from him summarily as a rate.

All the recommendations were accepted and provided for in Statutes between 1871 and 1875.

Actual administration. The actual administration of Sanitary Laws vested in the hands of the several Local authorities, and they were compelled under the law to appoint Medical Officers of Health and Sanitary Inspectors or Inspectors of Nuisances. These officers act mostly in an advisory capacity, and it is only the Sanitary Inspector that sometimes acts in an executive capacity by supervising Sanitary works, taking action under the special orders of the local authority to abate the nuisances reported by him, and prosecuting recalcitrants before the Petty Sessional Courts of Summary jurisdiction. But the more important duties of these officers consist in the sanitary survey of their charges, house to house inspections, suggesting measures for the prevention of infection or spread of epidemic diseases, and the supervision of the registration of vital statistics.

Executive action can rarely be taken by them, and never without the express orders of the local authority.

The Local Government Board exercises its powers of control only indirectly and that in three ways :-

(i) It offers to contribute one-half of the pay of the Medical Officer of Health and Sanitary Inspector of any local authority that applies for it, and in return for this substantial help secures the right to dismiss the Medical Officer of Health if he does not discharge his duties to its satisfaction, and to reinstate him in his post in case the local authority unjustly dismisses him. Thus it has practically the control of the Sanitary staff.

(ii) It offers grants-in-aid for various purposes, on condition that a certain standard of efficiency is maintained. Thus it secures the powers of inspection, and through its Inspector and the reports of the Medical Officer of Health keeps a vigilant watch over the sanitary administration of the local area.

(iii) On the complaint of its Inspector or of any inhabitant of a locality, it can hold an enquiry into every alleged default by the local authority, and order it to do the work, and if the authority does not do it, it may either apply to the High Court for a Mandamus or get the work done by a delegate of its own and have the cost paid by the local authority or by a special local rate.

Our organisation. In Mysore also, we have established various local authorities for the sanitary and other administration of local areas. We have City Municipal Councils, Regulation Municipalities, Non-Regulation Municipalities, District Boards, Taluk Boards and Unions.

The first three are for urban areas, and the last three

for rural areas.

L a w s. Our Public Health laws consist of the following:-

| | | |
|---|---|---|
| 1. Urban areas ... ... ... | | Sanitary provisions of the Municipal Regulation. |
| 2. Entire State .. ... ... | | Epidemic Diseases Regulation<br>Vaccination Regulation |
| 3. Non-Regulation Municipalities and Rural areas ... ... | | Village Sanitation Regulation.<br>Sanitary provisions of the Police Regulation. |

S t a f f. Our Public Health staff consists of :-

| | | |
|---|---|---|
| 1. Provincial ... ... | (a) Ex-officio Sanitary Commissioner<br>(b) " Deputy Sany Do |
| 2. Superior staff | |
| (a) Cities ... ... | Health Officers for Bangalore, Mysore and Kolar Gold Fields. |
| (b) Districts ... | (i) 4 full time Sanitary Officers<br>(ii) 4 Ex-officio Sanitary Officers |
| 3. Subordinate staff ... | |
| (a) Districts ... ... | 4 District Sanitary Assistants<br>5 Deputy Inspectors of Vaccination. |
| (b) Cities, Towns & Taluks ... ... | (1) Sanitary Inspectors & Assistant Sanitary Inspectors<br>(2) Vaccinators<br>(3) Conservancy staff in Municipalities, Unions and large villages. |

The Auxiliary Institutions are :-

(a) Provincial

(1) Public Health Laboratory,
(2) Vaccine Institute,
(3) Central Sanitary Board
(4) Sanitary School (in 1912-13).

(b) Districts

District Sanitary Boards (not yet working).

Actual results. In spite of all these, we have made very little progress. The ordinary sanitary arrangement of the cities is somewhat better than it was. In the districts, there has been much less improvement. The absence of progress has been due to various defects.

## Defects and remedies.

**In local authorities.** 1. Our local bodies have not been alive to the dictates of sanitary science, even as the local authorities in England originally were. Our system of organization for local Government is defective, and the various bodies have been allowed very little power. Further the funds at their disposal have often been spent under departmental agency and the scope for original work is limited. The Unions and Taluk Boards require to be recognized and greater responsibility vested in the others.

**In Laws.** Our Sanitary Laws are also defective.

Prosecution under these laws is a tedious process. The Benches of Honorary Magistrates in Bangalore and Mysore invested with summary jurisdiction have remedied this somewhat, in spite of the complaint levelled against them that they are too lenient and solicitous of popularity and acquit even in clear cases of default. An extension of summary jurisdiction in petty cases of nuisances, and the establishment of Honorary Benches to try these cases only, co-ordinate with stipendiary Magistrates will be a great step forward in Public Health administration. To remedy the evil above noticed, appeals against acquittal by Benches may as a special case be allowed to District Magistrates on the complaint of the local authority concerned, Government sanction being declared unnecessary in such cases.

2. The laws do not empower authorities to execute the necessary works to remove or abate nuisances, on default by the party responsible, and to recover the cost summarily as a rate or tax.

The Municipal Regulation provides, no doubt, for the execution of such works by the Municipal Council, but the procedure for the recovery of the cost under Section 160 of the Municipal Regulation is so tedious that it has not been resorted to even in one instance.

The Village Sanitation Regulation does not confer powers

on the local authority to execute the necessary works in default and therefore does not contain provision as to recovery.

The application of Chapter 8 instead of Section 130 of the Municipal Regulation to the recovery of costs in Municipalities, seems to be urgently necessary. An amendment of the Village Sanitary Regulation as regards the execution of works in default, and recovery of cost, and of the rules under that Regulation as regards agency appear to be equally necessary as regards Rural areas.

In staff. As regards our staff, various proposals of the Sanitary Commissioner will be considered seriatim:-

1. Whole time Sanitary Commissioner.

The argument advanced in favour of the proposal is - that such an officer is required for the efficient conduct of work in the Department by inspection of villages, and direction of the work of subordinates. But on the other hand the following arguments weigh against such a proposal:-

(a) Such an appointment is very costly and unnecessary for so small a Province as ours.

(b) The existing arrangement ensures the best possible status for the head of the Sanitary Department and also tends towards co-ordination between the Sanitary and Medical Departments.

(c) The work of the Sanitary Department lies in the districts the Deputy Commissioners and local bodies should control the every-day work of a Sanitary Officer, and all that the Head of the Department has to do is to give advice in complex technical questions for which a whole-time Sanitary Commissioner is not necessary.

As a matter of fact it is the absence of recognition of the fact that the local bodies are the Sanitary authorities and

Sanitary officers only their advisers that has led to a good deal of misunderstanding and hindering of progress in the past. On the whole, the case for the appointment of a Sanitary Commissioner does not appear to be made out.

S.C. agrees

2. Whole-time Deputy Sanitary Commissioner.

The Sanitary Commissioner has urged this as an alternative proposal.

It is however submitted that the following arguments are against the proposal:-

(a) Government have quite recently i.e., within the last 2 years ruled that a whole-time Deputy Sanitary Commissioner is unnecessary.

(b) The Retrenchment Committee have also submitted a recommendation against the appointment of a whole-time Deputy Sanitary Commissioner.

(c) The District Sanitary Officers should be sufficient for all inspectorial work. Only, occasionally, when questions of importance have to be investigated, the Sanitary or Deputy Sanitary Commissioner will have to tour out and the present two ex-officio officers will be able to manage on such occasions. There is no work for a whole- ime officer.

(d) Such whole time officers do not exist any where along with whole-time Sanitary or Health Officers in the Districts.

S.C. does not want a D/San Com (Hill tracts)

(e) There will be difficulty in readjusting existing arrangements.

3. District Sanitary Officers.

The chief complaints about the present position of these officers are:-

(a) that they do not come into direct contact with the Local

authorities who administer sanitary laws and execute sanitary works, and

(b) that they have no powers of direct control over the executive officers of these local bodies and the Sanitary Staff employed under them so as to compel obedience.

It has to be noticed as regards (a), that the only possible relation between the District Sanitary Officer and the Local authorities is that of adviser and advised. The position of Vice President given to the Health Officers of Bangalore and Mysore is without parallel elsewhere and against the provisions of the Municipal Regulation.

The District Sanitary Officers have plenty of scope to advise all the Local Bodies, and of reporting the action taken thereon. The only authorities that can at all compel those Bodies to carry out the necessary measures in case of default, are the Government and the Law Courts and it cannot well be otherwise.

As regards(b) it may be said that even the Deputy Commissioner has little power over a Municipal Council or District Board as such, as he can interfere only in rare cas s and that on grounds of policy, and can never directly deal with the servants of those bodies. There can therefore be no question of investing the Sanitary Officer with powers over the executive officers of the Local Authorities excepting the Sanitary Inspectors as will be noted later on.

But there is room for improving the opportunities that a District Sanitary Officer now has of watching the progress of work under the Local Authorities.// Practically the whole of ~~that~~ the activity of these Bodies and all their expenditure is reported and collated at the Deputy Commissioner's office. The Proceedings of the meetings of all Bodies, their budgets and accounts are received there, and it is their channel of communication

with the Government. This office deals wit also with the Vital Statistics of the District and has control over Plague grants.

The Sanitary Commissioner proposes to appoint the District Sanitary Officer as Secretary to the Deputy Commissioner in matters pertaining to Municipal Sanitation and Registrar of Vital Statistics for the District.

We may probably go a step further and make him the office Assistant of the Deputy Commissioner in the Local Fund Department having immediate charge of that Section of the office. The District Sanitary Officer will cease to have an independent office. He will then be virtually Registrar of Vital Statistics deal with all the papers relating to Local Bodies, assist in the distribution of the Plague grants and control vaccination. He may also be appointed Vice President of the District Board in the place of the District Treasury Officer, who has plenty of other work to attend to. It will give him an additional status in the District.

The District Sanitary Officers should also:-

(i) systematically deliver lectures in regard to infectious and other diseases and general sanitation, vaccination etc.
(ii) direct measures for the prevention of epidemics,
(iii) inspect school children systematically and keep accounts accurate records of their enquiry,
(iv) ascertain the splenic index in various localities,
(v) check the state of vaccination in the District,
and (vi) carry out a careful sanitary survey of the District systematically and frame a full programme of work from the professional standpoint.

It must be distinctly understood that his functions are mainly educative and advisory, and that he is more an investigator and adviser than an executive officer, except with respe to the checking of vaccination and the combating of epidemics.

S.C. agrees to all these

It may also be remarked that the appointment of whole-time Sanitary Officers for each District is necessary if the above duties are to be satisfactorily discharged.

As regards their pay and prospects, the Sanitary Commissioner opines that there is no immediate necessity for revising the grade of pay. But to ensure satisfactory discharge of duties, it is essential to provide for the future advancement of these officers, and to rule that no one should be appointed to the superior grade of Health Officer except from among District Sanitary Officers. (It may also be necessary to permanently provide for two of the most important District charges being held by officers of the superior grade.)

District Sanitary Assistants and Deputy Inspectors of Vaccination.

These officers are an inheritance from the days prior to the constitution of the Health Department, and do not hold any qualifications commensurate with their pay. They may be treated as a temporary class, to which no fresh appointments should be made and which should gradually be abolished as vacancies occur. So long as any of them exist, they may be utilised as at present for checking of vaccination etc.

Sanitary Inspectors. The utility of these officers should be slowly enhanced by closer supervision and, when funds permit, by relieving them of their supervision of Public works. The Amildars should be held responsible for seeing that the Sanitary Inspectors are not used on all sorts of miscellaneous work, and certainly if the other proposals herein mentioned are approved, the Sanitary Inspector will have little time for other work.

It must be held to be his duty to bring all Sanitary defects to the notice of the Local Authorities concerned, and to arrange for the prosecution of offenders against the Sanitary Laws. He must regularly check the village registers of Vital Statistics and supervise the preparation of the monthly

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return for submission to the District Office. He must also be perform vaccination in the villages, for which he should be -- trained early, and so long as the vaccinators continue, check their work as well.

He will have control of the Village Sanitation gangs execute the needful works to abate or remove nuisances in cases of default after notice, and submit the bills to the Local Authorities concerned for adjustment and recovery from parties.

S.C. agree

Vaccinators. It has long been the intention of Government to abolish the grade of low paid vaccinators. This intention has not yet been carried out owing to difficulty in obtaining qualified medical men. But it appears to be better to concentrate all Sanitary duties in one officer for each area as far as possible rather than distribute them among several. The Sanitary Inspectors can be easily trained for the work, and as their duties involve constant itineration, they may be charged with the duti of vaccinator as well, in rural areas. In cities and towns, greater supervision over the work of the low paid vaccinators is possible and they may continue to be employed. The present permanent grade of vaccinators may therefore be slowly absorbed as vacancies occur. Similarly midwives may be trained as female vaccinators. This will enable Government to increase the number of Sanitary Inspectors for a Taluk later on.

Limit Vaccinators on 15 of 17, 20 to start gradually Replace illitrate Vaccinators.

Train: Rural: Engl: Lower Sec:

Two months training at D. Hqrs: with scholarship of Rs 30 per mensem.

In order to enable all Local Bodies to employ the full complement of Sanitary Officers Government may agree to pay half the salaries of all the Sanitary Inspectors, as is done by the Local Government Board in England. The Sanitary Inspectors may then be treated as part of the Provincial Service, and the District Sanitary Officers given full powers of control over them in professional matters. The Sanitary Inspector and his staff should be wholly subordinate to the District Sanitary Officer on occasions of epidemic, and carry out his instruc-

Appd.

instructions implicitly.

Village Sanitation Gangs. When the Village Sanitation Regulation is amended many cases will arise in which abatement of nuisances will have to be effected departmentally and for this work every Municipality, or Taluk Board will keep a small sanitation gang in addition to the Conservancy staff, whose pay will ordinarily exceed the amount that will be realized from the defaulters as cost for works. Such gangs will be trained not only in ordinary work, but in disinfection, etc. The strength of the staff may be left for settlement in each case.

Prosecuting agency. The agency for the prosecution of sanitary offences requires to be strengthened or varied. At present the Police Officers take little pains in the matter, and there being only one Sanitary Inspector for each Taluk he cannot institute many prosecutions. The village patels can, of course, prosecute offenders, but the Magistrates being far away, they find it more comfortable to keep quiet. As already stated, it is best to concentrate all ~~similar~~ duties of a similar nature in one and the same department, and it is submitted that the Police Department is the best ~~to take~~ fitted to prosecute sanitary as well as other offenders This is the case in Japan. If the principle is approved the details for regulating the relations between the Sanitary and Police Departments will be worked out.

Public Health Institute. The present Sanitary Commissioner is not in favour of a Public Health Institute on the lines advocated till recently. No extra staff is asked for, but the Director is recommended to be relieved of his ex-officio duties as Deputy Sanitary Commissioner. It is a question whether the post of Laboratory Assistant is to be filled up.

Vaccine Institute. The Vaccine Institute is also to be independent of the Public Health Institute. It will require an officer with technical training in charge of it.

(If these are to be approved) a Personal Assistant to the Sanitary Commissioner may be appointed. He may be ranked among the District Sanitary Officers and may be placed in charge of the Vaccine Institute also as suggested by Surgeon General Benson. The house rent of ₹ 50 about to be sanctioned with a local allowance of ₹ 50 in addition to the grade pay will do for the combined duties.

No immediate necessity

Sanitary School. The Sanitary Commissioner is not in favour of continuing the School. He prefers to grant scholarships for boys who study at Guindy. But in order to place the future working of the Department on a sound basis, it is as necessary to include a course in our Municipal Sanitary and the Criminal law in their curriculam as to impart a knowledge of the theory of hygiene to them. The inclusion of vaccination training can be easily made if a school exists in our State. The question of cost appears also to be in favour of a Sanitary School at Bangalore. Under these circumstances this question appears to deserve consideration.

Omit

Central Sanitary Board. The rules already submitted may be approved as revised.

To be shortly attended to Subject to approval

District Sanitary Boards. It is a point for orders whether they are not redundant. The members proposed for the District Sanitary Board are mostly members of the District Board. If its existence is deemed necessary the draft rules may be approved.

Omit.

Sanitary education of the people. This is by far the most important duty of the Sanitary Department. Lectures on health topics illustrated by lantern slides, at each jatra or fair, and at important santhes as well, the periodical publication of the result of the researches, etc., relating to Public Health in the Mysore Gazette as proposed by the Sanitary Commissioner, publication of popular tracts and bulletins, and the inclusion of lessons on health matters in the text books are the means to be kept in view.

The resuscitation of the Public Health Section in the Dasara Exhibition also deserves consideration. The organization of a standing Public Health Museum and of a Library in the Public Health Laboratory has also to be taken up, additions to the present building being sanctioned, (in case separate buildings for the Public Health Institute are decided to be unnecessary).

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General and Revenue Secretariat.

Govt File No. 86 of 1913-14

Serial No.

I have put up a revised draft for consideration

I feel some doubt whether the scheme of making Health Officers Vice Presidents of Local Boards & Sanitary Inspectors Secretaries of Committees in Municipal Local Fund & Sanitary matters is practicable In the first place a District Sanitary Officer should be a touring officer & then Local Boards do not deal entirely with Sanitary matters.

It does not also seem to me feasible to transfer vaccination to Sanitary Inspectors as they may have no time to attend to this work. The experiment may be tried in selected localities

The chief reason why the Health scheme has failed so far is because the ~~the~~ D.S. Sanitary Officer considers himself to consist of an establishment & he does not realize it his duty to advise each local body as to what has to be done to maintain public health well. The instructions now proposed to be issued will no

NOTE Contn. sheet.

G.P.B.—60,000—7-11-13

G. R. S. 12]

General and Revenue Secretariat.

File No. 81 of 1913-14

Serial No.

doubt make his work more definite but still a great deal will depend upon the spirit of cooperation and willingness displayed by the Sanitary Officers

27 The question is no doubt been carefully thought out by a Committee but before issuing final orders, it may be desirable to consult the Dy Commrs about the proposed changes & we must satisfy ourselves that the lines on which we proceed will lead to substantial improvement. The Civil Secretary may also be consulted

Entd in Dy Secy Home Deptt

To 1669/14

With a draft for consideration

Entd in Dy Secy Home Dept

To 2575/14

NOTE—Contn. sheet.

G.P.P.—10,000—18-6-14

(5)

THE PUBLIC HEALTH INSTITUTE,

BANGALORE, 5th October 1914

Dear Sir,

Thanks for your letter of 4th instant. I am sending typed copy of my report.

I shall be happy to wait upon His Highness whenever he wishes me to do so

Yours truly
M Srinivasaran

M. A. Narayanachariar Esq.

# A scheme for the Reorganisation of the Public Health Department in the Mysore Province.

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The Public Health Department should not be an appendage of the Medical Department as it is at present. It should be separated from it and constituted into a distinct Department as in British India and many of the Indian States e.g. Hyderabad, Travancore, Cochin, Baroda etc.

The Head of the Department ought to be an expert Sanitarian well acquainted with the latest developments of Sanitary Science and capable of dealing with Sanitary Problems from an experimental point of view in the Laboratory and applying the results of experiments in practice. He must take part in and be capable of directing antimalarial measures based on scientific Laboratory investigations to be detailed later on. He should be capable of controlling the agency for the education of the Public, on Health matters by organising popular lectures, lantern demonstrations, free distribution of Health pamphlets and leaflets and by the formation in all places of Health Associations.

A large number of preventible diseases e.g. Cholera, Typhoid and allied fevers, Dysentery, Ankylostomiasis, Guinea-worm, Malarial fevers, Tuberculosis, Plague and Small-pox are prevalent and are levying a heavy annual toll on the general population. In Western countries where Sanitation is properly looked after, one disease after another has been banished and efforts are never relaxed in keeping them out. The very fact that these diseases are playing a veritable havoc in our country shows that little has been done till now in the cause of Sanitation. If further proof were wanting the heavy infantile mortality supplies it. The Government of India has at last awakened to the importance of the Subject and special efforts are being made in all parts of British India to tackle with Sanitary problems. In the very forefront of these efforts is placed Scientific research. Research Laboratories have been or are being established, large sums are spent on their equipment and competent persons are encouraged to work at particular Subjects. Each part of India has its own Special problems and research work done

in one place may not find its proper application in another place under different conditions. Thus it has been found necessary to have five research Institutes in different parts of India, to two of which are attached Tropical Schools of medicine. Two more are projected one for Burma and one for Assam. The little Island of Ceylon has not fallen behind and an Institute founded by one of its rich citizens is presided over by one who has made Ceylon famous in the Scientific world.

4 The Mysore Province was one of the first to establish a Bacteriological Institute where an increasing amount of work is being done every year. The extremely limited staff has had its hands full of routine work and was given no chance of turning out much research work. In spite of the unfavourable and discouraging circumstances, a by no means insignificant amount of original work has been turned out from the Bacteriological Institute. It was the aim of Col.J.Smyth to enlarge the scope of the Institute and his proposals were of a far-seeing nature intended to benefit the Mysore Province.

5 In reorganising the Public Health Department, prominent place should therefore be given to research work. No less important for the success of the Department, is the necessity for a well-considered and definite Policy which can be carried out in a series of years. Spasmodic and hap-hazard efforts should never be encouraged and every pie of the money spent should be for the ultimate benefit of the people of the Mysore Province. The Sanitary Commissioner should not be merely an advisory officer but funds should be placed at the disposal of the Central Sanitary Board of which he is the President, for spending on Sanitary works. Each of the preventible diseases should be combated according to a plan worked out in the light of research work done in the past and any modification in the plan should be made only according to any fresh facts brought to light by future research work. There must be a continuity of Policy irrespective of the personal opinion of the Head of the Department for the time being. These objects can be achieved with ease by making the Head of the Department (i.e.) the Sanitary Commissioner ex-officio Director Of the Public Health Institute comprising the following branches;-

(1) Public Health Laboratory.

(2) Chemical Laboratory for Toxicological work.

(3) Bacteriological Laboratory.

(4) Vaccine Institute.

(5) Protozoological Laboratory.

(6) School of Hygiene.

(7) Public Health Museum.

(8) Public Health Library.

Under this scheme there is no necessity for a Deputy Sanitary Commissioner either full time or part time.

The Sanitary Commissioner who is also ex-officio Director of the Public Health Institute will manage the Public Health Institute and The Public Health Department with the assistance of the following officers:-

(1) Chemical Examiner who will also be Assistant Director of the Public Health Institute.

(2) Bacteriologist who will also be Superintendent of the Vaccine Institute.

(3) Protozoologist who willalso be an expert in medical Entomology.

(4) Two medical officers of Health attached to the Public Health Institute and capable of taking part in Laboratory research work. During the epidemic season they will be sent by the Sanitary Commissioner with portable Laboratories to conduct investigations and assist the District Health officer in combating the epidemic. They will also conduct prophylactic inoculation with a mixed vaccine for Plague and Cholera together. When not engaged in such work, they will be employed on antimalarial work both in the malnads and maidans. For this purpose they will be going out into all towns and villages and will have many opportunities of supervising general Sanitation and Vaccination. Their tours being planned by the Sanitary Commissioner with a specific purpose will be productive of much good. When any District Health officers go on leave, these resrve officers will be available to take their places immediately.

(5) Three medical officers of Health for the towns of Bangalore, Mysore and Kolar Gold Fields

(6) Eight District Health Officers one for each District. These will be directly under the orders of the Sanitary Commissioner and will not be subordinate to the Deputy Commissioners. Their tours will be planned by the Sanitary Commissioner with a definite object in view. Each will be provided with a small Laboratory sufficient to carry on preliminary investigations on the spot. Each District Health officer will work for two months in the year in the Public Health Institute, thus giving him a chance of completing the work begun in the District. During such period one of the medical officers of Health attached to the Public Health Institute will go out to that District and acquire a knowledge of outdoorduties. Thus all officers will have an opportunity of having an up-todate knowledge of research and field work. This would remedy the defects pointed out by the Sanitary Commissioners of Madras and Bombay before the Public Service Commission regarding the want of close association between research and field work. The District Health officers will be exofficio Registrars of vital Statistics. They will also supervise the medical Inspection of school children which is not properly done at present. They will visit all 'Jatras', cattle fairs, exhibitions etc. in their respective Districts, supervise the Sanitation and educate the people on Health matters by means of lectures, demonstrations and distribution of pamphlets, leaflets etc. They will study the Sanitary needs of the Districts and bring them to the notice of the Sanitary Commissioner.

(7) An adequate staff of Laboratory Assistants, curator of the Public Health Museum, Librarian, clerks, Laboratory attendants, orderlies etc.

(8) An assistant Engineer who is acquainted with Sanitary Engineering to be attached to the Public Health Department and who while working here, will be seconded in his own Public Works Department under the Sanitary Commissioner's directions he will work out plans and estimates for water supplies, drainage schemes, sinking of new wells, repairing old ones, fitting the wells with pumps, and draw up plans and estimates for slaughter houses, meat-stalls, markets etc. etc.

(9) Two draughtsmen for assisting the Engineer.

(10) An adequate staff of Sanitary Inspectors and Assistant Sanitary Inspectors. Every town with a population of 5000 or less must have a Sanitary Inspector. In towns of over 5000 and below 10,000, there should be one Sanitary and one Assistant Sanitary Inspector. For every extra 5000 population there must be an extra Assistant Sanitary Inspector. Each Taluk should have 1 Sanitary Inspector and at least 2 Assistant Sanitary Inspectors. Each Taluk should have a gang of 20 men forming the conservancy staff to work under the orders of the District Health officer and under the immediate supervision of the Sanitary and Assistant Sanitary Inspectors. These officers cannot turn out any good and useful work unless they have a number of men working under them to do all manual labour. The menial staff is all the more necessary in the malnad Taluks where the villagers will not be able to supply a sufficient number of men for the Sanitary work. Their services are to be utilised for the collection of mosquitoes and their larve, for finding their breeding places, clearing them of weeds, oiling the pools, stocking them with fish and general cleansing and disinfection work. The District Health officers who will be constantly touring will see that the conservancy staff is doing the proper kind of work under the immediate supervision of the Sanitary and Assistant Sanitary Inspectors.

The existing staff of Vaccinators should be gradually done away with, the work of Vaccination being entrusted to the Sanitary and Assistant Sanitary Inspectors.

The Deputy Inspectors of Vaccination and the District Sanitary Assistants should be merged in the staff of Sanitary Inspectors.

The Sanitary and Assistant Sanitary Inspectors can exercise efficient supervision over the registration of Vital statistics, though the Patels must remain the ultimate registering officers. The Senior Sanitary Inspector in each Taluk must be entrusted with the duty of compiling Vital Statistics for the whole Taluk under the direction of the District Health officer.

The whole staff of Sanitary and Assistant Sanitary Inspectors

must belong to the Provincial service and be liable to be transferred from one District to another in the interests of Public service and of discipline. Questions of their appointment, dismissal, transfers, leave etc. should be settled by the Sanitary Commissioner.

The employment of Sanitary and Assistant Sanitary Inspectors for purposes unconnected with their legitimate duties should be absolutely prohibited and no orders should be issued to them without the cognisance of the officers of the Public Health Department. At present they are paid from the local or municipal funds and are under the immediate orders of the Amildars. But the District Health officer is expected to exercise control over the work of the Sanitary and Assistant Sanitary Inspectors, so far as Sanitation is concerned. This system of dual control does not work satisfactorily in actual practice. The Sanitary Inspector will in the natural course of things look to the Amildar who has the power of punishing him for deriliction of duty. The District Health officer having no such power may perhaps be politely listened to but can get no real Sanitary work done by them. The services of the Sanitary and Assistant Sanitary Inspectors are at present utilised for drawing up estimates for tank repairs, road repairs, cess collections, clerical work, for marking and numbering the avenue trees by the roadside or accompanying the Amildar on his tours.

At present the District Health officer is directly subordinate to the Deputy Commissioner but in "technical and scientific matters" he is subject to the orders of the Sanitary Commissioner. As a matter of fact the control of the Sanitary Commissioner is limited to checking his weekly diaries and countersigning the detailed contingent and travelling allowance bills. The District Health officer is working under many disabilities. He has no means of knowing whether the advice (not to speak of orders) he may give to the Patel on Sanitary matters will be followed. The Patels often plead the absence of agency by which any specified work can be carried out. The Amildar to whom the Patels look for instructions has nothing to do with District Health officers directly but must receive orders from the sub-division officer or the Deputy

Commissioner. Thus the District Health officer has no control whatever over municipal Taluk or village officers. It would be nobody's business to carry out any of his suggestions. The District Health officer being a direct subordinate of the Deputy Commissioner dare not give him any advice on Sanitary matters lest it might be resented and generally follows the line of least resistance, letting things drift.

It is therefore proposed that the District Health officer should be directly subordinate only to the Sanitary Commissioner. The Deputy Commissioners will of course be entitled to get the advice of the District Health officers on Sanitary matters. When any epidemic breaks out in the District, the Health officer will go to the affected place with his own portable Laboratory to conduct investigations and control the work of the Sanitary Inspectors in combating the Epidemic. If necessary, the Sanitary Commissioner will send one or more of the reserve officers in the Public Health Institute, to assist the District Health officer in his investigations and the application of remedial measures. In an epidemic of cholera for instance all sources of water supply must be bacteriologically examined and such of them as are proved to be infected must be disinfected. All heaps of decomposing organic matter must be disinfected to prevent the breeding of the flies which are active agents in spreading the disease, acting as mechanical carriers of infection. Steps must be taken to ascertain whether there are any cholera carriers among the convalescents and their excreta must be disinfected to prevent a recrudescence. But at present all that is done is to throw some permanganate of Potash into all the wells in the infected locality. People are put to lot of trouble on account of this indiscriminite action, being afraid to use the coloured water. During an epidemic of Plague nothing can be done beyond disinfection of houses and prophylactic inoculation. The proper time to fight Plague is during the off-season. A detailed account of the measures to be adopted during the Plague off-season is given in the reports on the Madras and Lucknow Sanitary Conferences. When not engaged in such work the reserve officers in the Public Health Institute will be sent out to do antimalarial work both in malnads and the maidans. Being attached to the Public Health Institute

they will always be in touch with the latest developments in Bacteriology, Hygiene and Laboratory work.

The most important and in the end most useful work that the Health officers can be made to do under the direction of a full-time Sanitary Commissioner is scientific research. The Sanitary Commissioner of Madras in his evidence before the Public Service Commission emphasised that the Sanitary officers must be able to do research work. The Sanitary Commissioner of Bombay also said that there should be close association between research and field work. Malaria and unrecognised fevers kill more people than all the epidemics e.g. Cholera, Plague, Small-pox etc. put together. Malaria is not confined to one particular part of the Province. There is hardly a village or town which can be said to be free from fevers. The sooner the following research work is initiated the better for the prosperity of the Province. Of course it will cost money but what can be done without it? Even large sums spent in improving health conditions of the people will bring in their returns in the form of increased capacity for work both physical and mental.

The nature of the work which can be done is briefly described below:-

(1) Estimation of Splenic index in various parts of the Province
(2) Collection and examination of blood for Parasites
(3) Making a complete survey and collection of samples of mosquitoes and other suctorial insects.
(4) Finding the proportion of Anophelinae to the culices in various places.
(5) Identification of the Species that are the actual transmitters of malarial Parasites.
(6) Noting on a map the breeding places observed.
(7) Study of the bionomics of suctorial insects.
(8) Determination of the latent malarial carriers in the general population.
(9) Experimenting with larvicidal agents e.g. various chemicals, different varieties of fish etc.
(10) Determination of the different varieties of malarial Parasites prevailing in the mainads and the maidans.
(11) Ascertaining whether there has been within the last 2

decades a change in the type of malaria in the malnads.

(12) Collection of material for the detection of Parasites in evacuations.

(13) Examinations of sediments in drinking water for detection of ova of Intestinal Parasites.

(14) Collection identification and breeding of as many varieties of fish as are known to be larval feeders.

The above is merely a brief sketch as a detailed enumeration of points to be worked out would be too tiresome.

In British India, each district has one officer combining the duties of the District Medical and Sanitary officers. As his medical work leaves him no spare time, he cannot possibly engage in research work. In recent times, this is undertaken by men who are specially deputed for it. The Mysore Province is a compact one and work of this nature can be better carried on and better controlled than in British India.

The Central Sanitary Board should be reconstituted with the following members:-

1 The Sanitary Commissioner.
2 The Chief Engineer.
3 The Revenue Commissioner.
4 The Inspector General of Education, and
5 the Comptroller.

The Sanitary Commissioner to be the President of the Board. Funds must be placed at the disposal of the Central Sanitary Board, to be spent on Sanitary works throughout the state e.g. sinking new wells, repairing old ones, fitting them with pumps either temporarily or permanently, drainage schemes, schemes for Public Water Supply, and schemes for town-planning and town improvements.

The funds may come partly from Provincial and partly from local and municipal funds, alloted to each District or Taluk and partly from private benefactions whenever possible.

It is earnestly hoped that the Mysore Government which has the welfare of the Subjects of His Highness The Maharajah at heart, will give this scheme its best consideration and make it a success.

Bangalore
5th October 1914

M. Srinivasaraya
Director & H.J. & Dy. Sanitary Commissioner

R. S. 12]

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28 With an idea to collect more views for a full consideration of the subject, Dr. Srinivasa Rao who had told me some time back that he had some ideas himself to offer on the matter, was asked to send his suggestions as to the best means of providing for a better working of sanitation in the State. I went through them on their arrival and after a study as well of the Secretariat notes the Senior Surgeon's notes, the draft of the proposed Government Proceedings, and an informal discussion with Col. Foulkes, I have come to think as follows.

29 Dr. Srinivasa Rao has in his proposals elaborately worked out a scheme for organising a State Department of Public Health directly under a Government Central Authority. This might perhaps be a fine idea when the State can and is prepared to spend large sums on the Department and on Sanitary works; but so long as the funds are to come mainly from Local Boards, it is thought that it would be a serious infringement on the rights of those bodies and a violation of the principles of Local Self Government, to divest them of Sanitary authority in their own localities, and make the Sanitary Officers anything more than their advisers. Another defect of the system which has come to my knowledge is that the Sanitary Officers

NOTE—Contn. sheet.

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Officers not being properly qualified in other Sciences than their own, are unable to execute Sanitary works and can therefore only best suggest works which the Local Body can through its other servants qualified for the purpose, execute, if found practicable.

30 I gather that the chief difficulty at present arises from a lack of co-operation between District Sanitary officers and the District Revenue officers This ~~conduct~~ comes from want of a precise definition of their respective powers and duties. The situation has been well illustrated by the Senior Surgeon at page 7 of his notes, again by Dr. Srinivasa Rao at the end of page 6 of his notes, and by the Deputy ~~Sanitary~~ Secretary in these words. "The District Sanitary Officer considers himself too much of an expert and he does not realise it his duty to advise each local body as to what has to be done to maintain public health well". Therefore a great part of the remedy seems to lie in clearly defining the respective positions of the District Sanitary and Revenue Officers in sanitary matters and their relationship between each other and the Local Board. The Sanitary Officers should be made to understand that they are there only to advise the Local Bodies and not to force impracticable schemes on them, or to pose themselves as the Chief Sanitary Executive Officers.

NOTE—Contn. sheet.

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The proposal to make them ex-officio Secretaries to the Deputy Commissioner and his office assistant in Municipal and Sanitary Departments goes farther in removing the present defects and gives them the required authority to check sanitary works and affords them the facilities in their work as described by the Senior Surgeon at page 9 of his notes.

31 The Secretariat proposes to further appoint the District Sanitary Officer as the Vice President of the District Board, and the office assistant of the Deputy Commissioner in Local Fund. This would I fear be burdening him with other responsibilities than he is qualified for and other duties than he can give his attention to. The two offices seem also to be incompatible with each other, since as a District Sanitary officer he will have much touring work while as Vice President he is to be stationary. The former duties are his more important ones and leave little time to attend to the other.

32 The proposal also to gradually do away with Deputy Inspectors of Vaccination and incorporate their duties with those of the Sanitary Inspectors does not ~~also~~ seem sound. I hold it very much in doubt, with the Deputy Secretary whether the duties of Sanitary Inspectors will leave them much time to attend to vaccination. Anyhow, as the Deputy Secretary suggests the experiment may be tried in

NOTE—Contn. sheet.

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selected localities.

33 These few changes, together with the amendments in the Sanitary laws meant to vest greater powers in the Local Bodies, and the enlargement of the scope of the functions and activities of the bodies themselves now under investigation, should, I believe, be all that might be necessary, for the present at any rate, to remove the prevalent ills and facilitate a better working of sanitation.

34 Yet, as funds and qualified men become available, it is better to increase the Sanitary staff, by having a Sanitary Officer for every District, and prevailing upon the Local Boards to engage the full complement of Sanitary Inspectors and Assistant - Inspectors according to the scale sanctioned under para 3 of Government Order No.9301-19 Medl.67-03 dated the 8th April 1905; and the Government undertaking to pay half their pay as proposed in the draft proceedings put up would I believe be a sufficient inducement for them to employ the additional hands. Dr. Srinivasa Rao's suggestion to have two more District Sanitary Officers, two to work in laboratory by turns is deserving of some consideration.

The Senior Surgeon's idea to have a full time Deputy Sanitary Commissioner, strikes to me to be necessary, and the Dewan also seemed inclined to agree to this in a conversation I had with him on

NOTE—Contn. sheet.

GPB—60,000—7-11-13

the matter. Such an officer is necessary to draw up a definite and comprehensive programme of work for the District Sanitary Officers, organize lectures on Public Health and promulgate the education of the public in sanitary principles, inspect sanitary works and check and advise the Sanitary Officers in technical matters. It is the opinion of Dr. Srinivasa Rao that a whole time officer is not necessary for this purpose and that either the ~~Senior Surgeon~~ Senior Surgeon or the Director of Public Health Institute can conduct this office in addition to his own particular one. I have to disagree with him in this view. The Senior Surgeon's duties, as he himself admits, are too numerous to be augmented by these extra duties; and I do not think it advisable to have the same man for the laboratory work of the Public Health Institute and the executive and inspectional duties of the Deputy Sanitary Commissioner. The latter office requires of him much touring and administrative work, which would surely prejudice the research work of the other office.

The connection between the Director of Public Health Institute and the District Sanitary Officers will be established through the Deputy Sanitary Commissioner, to whom they shall all be subordinate. The results of the former's

Next sheet.

G.P.S.—60,000—7-11-13

experiments, and any new light he gains in Sanitary Science shall be communicated to the latter through the Deputy Sanitary Commissioner. The draft of the Government Proceedings put up, seems in all other particulars acceptable.

3/ The file may now be sent to the Deputy Commissioners for obtaining their opinions, and also to a few select Sanitary Officers if considered necessary. It shall next go to the Financial Secretary for his views to be recorded, and returned [redacted] to be reconsidered in the new light that might be thrown upon the subject by these officers.

D. R. Addy
12. 11. 14

I shall be much obliged if Dr. Cleg the Bacteriologist, who has taken so much trouble with the subject will kindly let all the principal papers printed & circulated by Commr. in matter may kindly be checked as very much

Explained in person Dr. Cleg

B/11/14

Corrected per Assistant Surgeon will kindly prepare a consolidated extract from the notes with enclosures for printing & take instructions from me

B
4/11/14

Please issue collective memorandum as suggested

B
[illegible]
[illegible]

2. To Dr. Bar Comr, I/C of Police, I/C of Jails, Comptr & Chief Engr, Dy Comrs of Dts, Sanity Comrs, No 4586-98 Dated 10.12.1914. Forwards a Memdm of papers on the re-organisation of the Health Dept in the State for favor of expression



G P S—60,000—7-11-13

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35

General and Revenue Secretariat.

Sanitary File No. 86 of 1913-14

| Serial No. | |
|---|---|
| | of an opinion on the suggestions made therein with a view to the work of the Dept in improving Sanitation in the Dt and states that Govt will be obliged if each Offr will submit a self contained Scheme |
| | Draft for working proposals under relating Central Sanitary Board referred to in para 14 of note by the Dy Secretary on the subject of the re-organisation of the Health Dept is submitted as verbally ordered by the Dy Secretary. |
| | 28.12.14 |
| | 29/12/14 |
| | 28/12/14 |
| 3 | To the Revenue Commissioner, I.G. of Police, I.G. of Education, Municipal Commissioners, Dy Commrs of Districts, Sanitary Commr. No. 5142-52 dt 2.1.15 |
| | Forwards draft rules relating to the Central Sanitary Board referred to in para 14 of the note by the Dy Secretary on the subject of the re-organisation of the Health department. |
| 4 | From the Dy Commissioner, Chittagong Division No. 306 dt the 13.1.15 |
| | Submits a note drawn up by him in the matter of the re-organisation of the Health department. |
| | Replies from other officers will be awaited |
| | 23.1.15 28/1 |
| | 28.1.15 |

NOTE—Contn. sheet.

3PB—10,000—18-6-14

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G.R.S. 13]

## Routine Notes.

[To be used only for notes, requisitions, etc., not intended for permanent record.]

The following papers have to be typed in connection with the re-organization of the public health department.

1. Memo from the Sanitary Commr. (page this 13)
2. Notice by the Director of public Health Institute by Sanitary Commr. (page this 9)
3. Notice by Secretary
4. Remarks of the Executive members of Council (pages 37 of this)

(pages of this 20)

Subjects, as ordered by the Dy. Secretary 17.11.14

18/11/14

Dy. Secy)

I shall be much obliged if the Peon will kindly carry 6 at 20 copies typed on ruled foolscap they have to be sent to Dy Commrs - As the rules are only preliminary it is not considered desirable to print them

Typist will please attend. 19/11.

*N.B.*—Should routine notes be written on small slips, the notes must be copied, or slips pasted on this form.

(GPB—50,000—29-6-14.

Received from the Dy Secy on 18.11.14 at 4.30 pm)

G. R. S. 12]

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General and Revenue Secretariat.

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| Serial No. | |
|---|---|
| 5 | From the Sanitary Commissioner, No. 3402 dt. 26.1.15 forwards copies of the notes submitted by Messrs R. Sabharwal & J. V. Kumar on the subject of the re-organisation of the Health dept and states that he has nothing to add to the recommendations already made in his note |
| 6 | From the Dy. Commr. Hissar District, No. 58 dt. 26.1.15 Submits his opinion in the matter of re-organisation of the Health Department with special reference to the work of the department in improving sanitation in the districts. |
| 7 | From the Dy. Commr. Kaithal District, No. 362 dt. 2.2.15 States that he is studying the question of the re-organisation of the Health Department in its practical aspects specially with reference to the local conditions in the Jhalmad parts of the district and suggest that two more copies of the Collection of papers pertaining to special Nos. 2 & 3 may be sent to him for distribution, one to the Special Rev. Offr., No. 1. Committee, Hissar and Kaithal districts and the other to the Sub-Asst. E. & I for Kaithal district. |

Submitted for orders. only a limited no. of copies was typed and we have only 2 on hand

22.2.15

If approved, the Dy. Comr may be informed that spare copies are

NOTE—Contn. sheet.

GPB—10,000—18-6-14

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R. S. 12]

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| Serial No. | |
|---|---|
| | not readily available and that the two officers referred to by them may be permitted to have access to the Dy. Comrs own copy<br>24/2<br>Yrs. Pulney draft<br>24/2<br>Draft submitted<br>25.2.15<br>26/2<br>Issue<br>26/2 |
| 8 | To the Dy Commr Kadma District, No 67/168 27.2.15<br>States that Cohies are not readily available and requests that the Special Revision, M.S & the Sripot. A.E & I for the Kadma District might be allowed the use of the papers sent to him on the subject. |
| 9 | From the Revenue Commissioner, No 1040/824.2.15<br>Submits a memo containing his views on the subject of the re-organisation of the Health Dept<br>Please also the a complete set of orders relating to the organisation of the Public Health Dept in Br India Draft for the issue<br>24/3/15 |

NOTE—Contn. sheet.

GPB—25,000—2-11-1

General and Revenue Secretariat.

File No. 86 of 1913-14

| Serial No. | |
|---|---|
| 11 | From the Dy Commissioner, Bangalore District. No. 551 dated 17.3.15. Submits his opinion on the subject of the re-organisation of the public Health Department in the State. |
| 12 | From the first Asst to the Hon'ble the Resident in Mysore No. 933 dated 24.3.15. Requests him to obtain and forward for the use of the Durbar a complete set of orders, and rules issued by the Govt of India and the several Local Govts relating to the organisation and working of the Sanitary dept. |
| 13 | From the I.G. of Police, No. C.90 dated 13.4.15. States that there is no necessity for the creation of a separate Health department, which on the contrary, under present circumstances, might only further impede what work has now been finished, as merely an advising department. |
| 14 | From the Commissioner, No. 7803 of 23.4.15. R 4/15. Forwards a note on the subject of the re-organisation of the public Health department. |
| 15 | From the Dy Commissioner Kadur No. 92 dated 22.4.15. Submits his opinion on the subject of the re-organisation of the public Health dept. |

NOTE—Contn. sheet.

SPB—25,000—2-11-14

General and Revenue Secretariat.

Sm File No. 86 of 1913-14

| Serial No. | |
|---|---|
| 16 | From the Dy Commissioner, Kolaba District. No. 5179 dt 5/15<br>Forwards his opinion on certain suggestions made with reference to the work of the Health Dept. |
| 17 | From the First Asst to the Hon'ble the Resident in Aden<br>No. 3208 dt 8.5.15<br>With reference to serial No. 12, forwards a copy of the Civil Medical Code, Bombay 1914, containing the orders, rules &c relating to Sanitary Dept. |
| 18 | From the Surveyor Genl of India, No. 3209 dt 8.5.15<br>Forwards copies of certain papers relating to the Sanitary administration in British India.<br>Submitted with draft to the Resident accordingly<br>if approved<br>11.5.15<br>Sd/-<br>Sd/- 11/5 |
| 19 | From the First Asst to the Hon'ble the Resident in Aden, No. 3357 dt 14.5.15<br>Forwards Copies of papers relating to the organisation and work of the Sanitary department in Burma. |
| 20 | To the 1st Asst to the Hon'ble the Resident in Aden, No. 1120 dt 3/5/15.<br>Acknowledges the receipt of a copy of the Civil Medical Code, Bombay, with Collection of orders relating to Sanitary Department in British India. |
| 21 | From the 1st Asst to the Hon'ble the Resident,<br>No. 3486 dt 20.5.15<br>Forwards copy of Civil Secretary's ~~Confidential~~ circulars relating to the Sanitary Dept, Central |

NOTE—Contn. sheet.

GPB—25,000—22-3-15

G. R. S. 12]

General and Revenue Secretariat.

Sam File No. 86 of 1913-14

| Serial No. | |
|---|---|
| 22 | [illegible] with a copy of the plague manual. From the 1st asst to the [illegible] Resident in Kashmir No. 3487 dated 20.5.15 |
| | Forwards copies of Govt. orders & notifications by the Sanitary Commr in connection with the public services commission & a pamphlet entitled "notes on recent Sanitary developments in the Simla municipality" |
| 23 | From the same office, No. 3488 dated 20.5.15 |
| | Forwards copies of letters relating to the organisation and work of the Sanitary department in Punjab. |
| 24 | From the same office, No. 3632 dated 24.5.15 |
| | Forwards a copy of the rules for the preparation and submission of sanitary projects received from the Under Secretary to the Govt of India. |
| 25 | From the same office No. 4348 dd 21.6.15 |
| | Forwards copies of acts and rules and also orders relating to the organisation of Govt Sanitary staff in force in the Punjab provinces. |
| 26 | From the same office, No. 3825 dd 31.8.15 |
| | Forwards copies of letters relating to the organisation of the work of the Sanitary dept in Baluchistan |
| 27 | From the Dy Commr Shimoga District, No. 369 dd 17.8.15 |
| | Submits his opinion on the proposals for the re-organisation of the Health dept |

NOTE—Contn. sheet.

GPB—25,000—28-3-15

G. R. S 12]

General and Revenue Secretariat.

Sm File No. 86 of 1913-14

| Serial No. | |
|---|---|
| 28 | From The Dy Commissioner, Tinnevelly. No. 92 dated 22.8.15<br>Submits a memo containing his views on the subject relating to the re-organisation of the Revenue Dept.<br>(6) As personally instructed by the Dewan, the accompanying draft-letter is suggested for consideration (drawing member & Dewan)<br>Dewan 87.10 Mem 8/10<br>(7) Draft approved by Ex. Mr<br>10.10.15 Mem 10/10 Mem 10.10 |

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NOTE—Contn. sheet.

GPB—25,000—30-4-15.

(74)

Re-organisation of the Public Health Department

With reference to the Dewans orders in re the Re-organisation of the Public Health Department, I be Communicated to me personally, I submit herewith a brief Summary* of the Views recorded by the Several officers Consulted in regard to the subject, together with a Draft D.O. to the San.t Govt.r & Dy: San.t Commr, forwarding the Summary, and inviting revised proposals if any, as personally instructed

Secy)

Mon
5/10.

A

| Principal points provided | Sanitary Commissioners proposals |
|---|---|
| I Central Authority Direction - Appointment of a whole time Sanitary Comm^r or Dy Sanitary Comm^r | A whole time Sanitary Comm^r a Deputy Sanitary Commissioner should be appointed |
| II Position of the Public Health Institute | The Director of the Publ Health Institute should be a Stationery officer, and he should be responsible among other things for Sanitary edilation. Separate buildings for the Public Health Institute are un |
| III Vaccine Institute Its position | It should be a separate institution with its own Superintendent independent of the Public Health Institute |
| IV Central Sanitary Board. Dt Sanitary Boards. | The Central San^y Board may be reconstituted with the following Members (1) Rev Comm^r President (2) Chief Engineer (3) Senior Surgeon (4) San^y Comm^r (5) Sanitary Engineer It should be advisory in character. D^t Sanitary Boards sh financially backed with liberal annual grants out of Provincial |
| V Position Powers and duties of Dt Sanitary or Health officers | one District Sanitary officer to be appointed for each District He should be a real Assistant to the Dy: Comm in Sanitary matters just like D.S.P, D.E D.F.O in Police Excise and Forest matters. He should also be See^y to the Ex officio President of Municipalities and in that Capacity exercise effective Control over Municipal Sanitation. His duties to be (i) Supervision of registration of Vital Statistics (ii) Education of the masses in Actiology and prevention of infectious & other diseases (iii) prevention Epidemic diseases (iv) Ascertaining the Splenic index & State of Vaccination in the Dt (v) original work with Microscope (vi) Systematic inspection of School children. |
| VI District Sanitary Assistants & DT Inspectors of Vaccination | To be deputed Solely to supervise Vaccination work |
| VII Sanitary and Assistant Sanitary Inspectors. | The full Complement of San^y & Asstt San^y Inspectors provided in the G.O of 8.4.1905 to be Completed San^y Inspectors to be responsible for Correct Compilation of Vital Statistics under the direction of D^t San^y officers He sh^d exercise in the Taluk all the functions vested in the D^t San^y officer in respect of the whole D^t. |
| VIII. Miscellaneous proposals. | (1) The San^y Comm^r may be appointed Hon D.G of Madras<br>(2) Senior Surgeon to be given a whole time Office Assistant |

# Deputy Sanitary Comrs proposals

Concurs that there should be a whole time Sanitary Comr the post of Dy: San[y] Comr being abolished

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Sanitary Comr to be ex-officio Director of Public Health Institute. The Staff of the P. H. Institute to be re-organized with the foll[g] officers. (1) Chemical Examiner (2) Bacteriologist (3) Protozoologist (4) 2 Medical Officers of Health.

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Not to be a separate Institution but the Bacteriologist ref[d] to above to be its Superintendent

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Central San[y] Board to be re-constituted but on diff[t] lines from that proposed by Sanit Comr. It should be the Sole agency for the execution of Sanitary works throughout the State funds being placed at its disposal by Local Bodies, State Grant etc

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D[r] Health officers to have nothing to do with Dy: Comrs or local bodies but to be directly subordinate to the San[y] Comr and work under his orders.

As regards their duties – D[r] Srinivasa Rao agrees to all the duties proposed by the Sanitary Comr. but is of opinion that Scientific Research work should form the most important of their duties

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## To be merged in the Staff of Sanitary Inspectors

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a) One Sanitary Inspector for every town with a population of 5000 or less. One Asstt: San[y] Inspector for every extra 5000 pop[n]

b) Each Taluk to have one Sanitary Inspector and at least 2 Asst: Sanitary Inspectors with a Conservancy Staff of 20. Men to work under the orders of the D. H. O.

c) The whole Staff of Sanitary Inspectors to belong to the Provincial Service & liable to transfer anywhere. Except the appointment, leave, transfer etc to be entirely under the Control of the Sanitary Comr

viii) Note. In a word D[r] Srinivasa Rao's Scheme is Mr Rows reform. The Public Health Deptt: is intended to be an independent organization having nothing to do with local bodies or the Revs: Deptt, but Scientific Research work to play a prominent part in its programme, its functions being not advisory as now but executive

M^r Chaubey Deputy Com^r Bangalore

Whole time Sanitary Com^r may be appointed

San^y Com^r to be ex-officio Director of Public Health Institute. Its functions to be as described by D^r S. Rao

The Central San^y Board to consist of (1) Rev Com^r (2) Chief Engineer (3) San^y Com^r (Secy) (4) San^y Engineer

## Deputy Secretary's Views

I Same arrangement as now to Continue – the functions of the Deptt being advisory not executive

II Present arrangement to Continue. Functions may be limited in the manner indicated by the San$^{y}$ Comm$^{r}$.

III Concurs with Senior Surgeon's Views

IV Central Sanitary Board to be an advisory body. Sanitation Committees of the D$^{t}$ Board may take the place of D$^{t}$ Sanitary Boards.

V One for Each D$^{t}$ may be apponted. The D$^{t}$ San$^{y}$ officer may be appt$^{d}$ Vice President of the D$^{t}$ Board, Secy of the Sanitation Committee and Assistant to the Dy. Comm$^{r}$ in Local Fund, Municipal and Sanitary Deptts.
Duties Same as those proposed by S$^{r}$ Lees Comm$^{n}$
Prospects To be made Health [redacted] as Vacancies occur.

VI To be gradually abolished.

VII Each Local authority to have a full time San$^{y}$ Inspector to be exclusively employed on Sanitary works. They should also be able to perform Vaccination Half the pay of Sanitary Inspectors may be met from Provincial Revenues

VIII Sanitary Education of the people periodical publ$^{n}$ of bulletins to be one of the functions of the P. H. Institute Suitable lessons on public health to form part of the Course of Studies in Schools. Public health Section in its Durbar Exhibition
Public library & subscription to Health magazines & periodicals

Extra-ordinary Member's Views

Full time Dy: San[y] Comm[r] to be appointed

II Director of to be Subordinate to D[y] San[y] Comm[r].
In fact D[y] San[y] Comm to be the Connecting link between Public health Institute & D[t] San[y] officers

III No opinion expressed

IV No opinion expressed

V (a) One for each D[t] may be appointed as funds permit
(b) Relation between them & Rev officers on the one hand & Local bodies on the other to be defined.
(c) They should be mere advisers not executive officers.
(d) He may be Ex officio Secretary to the Dr Com[r] his office assistant — Municipal Sanitary Dept.
(e) but not Vice Presidents of D[t] Boards.

VI Proposals to do away with San[y] Dy Inspectors of Vaccination & incorporate their duties with those of the San[y] Inspectors does not seem sound. but experiment may be tried in Selected localities

VII Local Boards to be prevailed upon to engage the full complement of Sanitary Inspectors, & Both San[y] Inspectors according to the order of 1905, Govt, undertaking to pay half their pay.

Mr Chaudy's Views

I Whole time San Y Comm may be appointed

I II He should be Ex officio Director of the Public Health Institute with one or two Assistants Its function original research work

II III No opinion expressed

IV IV Its constitution as proposed by San Y Comm but with the Dy Com Bangalore Dt or Senior Dy Com as one of its members instead of Senior Surgeon Function advisory Com. Committee to be appointed by Govt

V One for each Dt. to be Sanitary Asstt to Dy Comm like Police Assistant Excise Asstts. May be Sec Y to the Sanitary Committee of the Dt also Vice President of the Dt Board & Mc Board, but with their functions strictly limited to Sanitary matters & well defined. May supervise the work of Sanitary Inspectors, Rural midwives & Vaccinators be Equipped with a travelling Dispensary

VI No opinion

VII (a) To be subordinates of both the Hon Dt San Y Offr as now (b) A conservancy gang may be placed under each San Y Inspector to fight Epidemics, and cleanse Villages their pay being made a charge on Village Improvement Committees

(c) Half their pay may be contributed from Provincial funds

VIII (a) Mid wives to be trained in various ways & placed under Dt S.S.Os & their number to be increased

(b) Proposals re - Sanitary education same as by My: Sec Y

(c) Batches of Patels to be called up to Head quarters & trained in Sanitation and Hygiene

Mr Bowring's Views

V. Dt Sanitary Officers are unnecessary. The Dt Medical officer may be the Dt San. Officer with a duly qualified assistant, so that Sanitary Supervision, Researches and Medical Relief may be Combined in one individual.
The Dt Sanitary Asst to be have nothing to do with the Dy Coms.

VI Dy: Inspectors not to be abolished

VII (a) San. Inspectors are really not required in Delhi. He may be made responsible for Compilation of Vital Statistics under the orders of the Dt Medical Officer who might for purposes of Vital Statistics be also the Registrar of births & deaths

Mr K. R. Srinivasa Iyengar's Views

I A whole time San Y Comr for a small Province like Mysore unnecessary. The Sr Surgeon or present arrangement may

II No opinion

III No opinion

IV ~~No opinion~~ Agrees with the San Y Comr regarding hitherto about the Central San Y Board, and with the Dy San Sec Y regarding the Dt San Y Board.

V If Dt San Y officers on grade 150-15-450 to be appt on basis of 150-10-250, for each of the 8 Dts and the Civil Surgeon of Bangalore Mysore & H.Q.F, being known as Health Officer in the last 3 places. (b) The function of the D.S.O to be purely advisory - his most important duty being to educate the people in Sanitary matters by public lectures demonstration on all occasions of Jatras & public gatherings. His other functions will be as detailed by the San Y Comr.

(c) Dist Sr may be an Asstt to D.C in San Y matters, but it must be left to D.C to decide what matters to delegate to him. He should not be Vice President of the Dt or Tk Board.

VI District S.A to Dy: Inspectors may be abolished as proposed by Dy Secy, but not Vaccinators whose pay may be increased

VII Present arrangement to Continue, or two class of San Y inspectors to be appt one as now, and another paid from Provincial Revenues to be made directly and entirely subordinate to the D.S.O. to attend exclusively to San Y duties such as (a) lecturing to the people, (b) educating them in modern Sanitary methods, (c) lodging prosecutions for breaches of San Y laws, (d) Supervising Vaccination work, (e) Combatting epidemics etc. &c

VIII Nil

Mr. Subrahmanija Iyer's Views

No opinion

No opinion

No opinion

V Central San. Board to continue.

V Agrees to the Bye-laws; but says, their pay & prospects must be similar same as Asst Comr.

VI No opinion

VII (a) Two classes of San. Inspectors may be appt.d — one for sanitation & one for public works, the former being paid from prov.l resources & latter from Mt. Funds
(b) Assistant San. Inspector's pay and prospects to be bettered as they have the same qualifn as San. Inspectors

VIII. (1) French system of disposal of night soil to be demonstrated
(2) Bench of Magistrates to be appointed wherever possible to deal with offences against San.y laws or 1st Class Mgtes armed with Summary powers.
(3) Local bodies to be given substantial grants from Govt

Mr S. Ramaswamayyas opinion

I. Present arrangement may continue by: San Com being made whole-time Asst to San Com

III

IV To continue with functions as detailed in Draft Rules of 2nd Jan 15

V (a) one D.S.O. for each Dt to be Asst to Dy Coln in Municipal & San Departments.

(a) Advisors to Local Municipal Boards & Ex officio members thereof

(c) Duties same as laid down in Dy Secys note

V

VI To continue

I

VII Each Taluk to have one San Inspectress or more Asst San Inspectors according to its size and importance. Their services will be utilised by Amildars in the same manner as that of D.S.O.s used by D Cs. Also Advisors to Local & Mc Boards. Their duties same as laid down in Dy Secys note

## Mr Matthan's Views

Ex officio Sanitary Dr Surgeon & San[y] Comm[r] with full time Dy: San[y] Comm[r]

Director of P.H. Institute to be a St[y] officer

Draft rules of 2[d] Jan[y] 15. Suitable. Dt Sanitary Boards to be replaced by Sanitation Committees

(a) Its duties pretty much the same as those proposed by Dy Secy

(b) He may be the Dy: Com[rs] Sanitary Asstt: and issue orders in the name of Dy Com[r] but he need not be Secy & Vice President of Municipal & Dt Boards.

VII(a) There is difficulty to get suitable Candidates in Bombay — to remedy this classes must be opened and Medical allowance given

(b) Three to four San[y] Inspectors may be employed in each Taluk according to its size to attend to all the duties now performed by San[y] Inspectors, Work Inspectors Vaccinators by Inspectors of Vaccination. Medical Improvement Sub overseers i.e. half their pay to be met from Local Funds & half from Provincial Funds

VIII A laboratory shd be provided at each Dt H[d] Q[rs] for the combined use of the Sanitary, Medical & Forest officers Research work

## Mr Krishna Iyer's opinion

A whole time Sanit Comr with the Director of Public Health Institute as Ex officio Dy Sanit Comr is very necessary

II The Director of P.H. Institute to be Dy Sanit Comr

III No opinion

IV No opinion

V Similar to Mr Matthan's proposals

VI No opinion except that Vaccinators should be placed under the direct orders of the Municipal

VII To work as now under the orders of the Municipal & Dy Sanit Officer

Mr Thyagaraja Iyer's opinion

VI(a) May be made Personal asstt to the Dy Conr in Sanitary matters and D Vice President of the Sanitation Committee if his touring work is not thereby interfered with

(b) He shd not be asked to go to every place where a Cholera or plague Case occurs. This shd be attended to by Taluk Sub Asstt Surgeon or Sanr Inspector

VIII Attention shd be paid to practical work such as providing drinking water wells etc - and among laws regarding Sanitation after providing facilities for Compliance with the Law

Rev Comm^rs Views

A whole time San^y Com^r necess^y

V One D.S.O for each D^t necess^y. He may be V.P of the Municipality & Local Board
There ought to be an adequate staff in each D^t under D.S.O.

opinion of Mr Srikantesvara Aiyar I.G.P

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1. (a) San[y] deptt to be merely a Consultative and Adversary Deptt
   (b) It is already top heavy
   (c) What is really required is the strengthening of the Deptt from below and setting free more of energies & funds so as to ensure actual work.
   (d) No necessity for the creation of a separate Health Deptt which may ~~Contra~~ impede what work is now possible
   (e) Things may continue as they are

Opinion of Mr Chakra Varthi

Present arrangement regarding head-ship of the Medical, Sanitary & Prisons deptt may continue

one may be appointed for Each Dt as funds permit
The D.S.O Shd have medical & Sanitary qualifications
He may be Asstt to the Dy Comr in Sanitary
Matters function advisory not executive

VII Mar San Inspectors may be appointed as funds permit. But he Shd also have some Knowledge of medicine. A School may be opened to train a class of men who may be termed "Hospital & Sanitary Assistants". These are however not intended to displace the present Sub-Assistant Surgeons

Vide In brief the financial Secy's opinion is that from top to bottom, ie from the Senior Surgeon Sanit Comr to the "Hospital & Sanitary Asstt" the medical & San'y departments Should go hand in hand

Mr Harvey's opinion

No opinion

V (a) Assistant to Dy: Commr and to be provided with a Statistical Clerk

(b) Amildar to be his subordinate in all Sanitary matters, as in Cutch

VI To be retained He may be a sub Asstt Surgeon 1st Class or a Senior Santy Inspector on a pay of Rs 60 to 80. To be Assist D.S.O. Santy Inspectors to do Vaccination work.

VII (a) Other Sanitary Inspectors necessary

(b) To be relieved of their other duties

(c) To be given Mahadallowance & ~~increase~~ of Rs 2 to present horse allowance

VIII Laboratories to be provided to ~~Sanit~~ D.S.Os

I Existing arrangement may continue

II To undertake research work more extensively & ~~to be~~ Staff to be strengthened

IV Town Sanitary Boards unnecessary for works other than those that involve the expenditure of considerable sum.

V (a) To be Presidents of DC Boards & Unions, Amildars being Vice President. He may also be Senior Vice President or President in certain DC Municipalities

(b) ~~To~~ To be Sec'y to Dt Municipalities

To be Vice President of Dt Boards

(d) To be invested with Summary Magesterial power to deal with Sanitary Offences

VI Vaccinators to be placed under Amildars

Dt Sanitary ~~Dr~~ Officers & San'y Inspectors shd not be saddled with Vaccination inspection

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No. C. 57

(For disposal at an early meeting) ..... 191....

# GENERAL AND REVENUE SECRETARIAT.

**Council Matter.**

## SUBJECT.

(Clause x of the Schedule).

Revised proposals for the Re-organization of the Sanitary Department.

## RE-CIRCULATED TO THE MEMBERS OF COUNCIL.

By Order,

D. M. Narasinga Rao

26th October .....191 6. *Secretary to Government.*

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**Extraordinary Member of Council.** File not sent as H. H. the Yuvaraja is ill.

4.2.8 / 1.11.16

**First Member of Council.** 1/11 Date 1/11

**Second Member of Council.** Date 31/10

WD 2012—GPB—1 000—9-2-16

(1) 774

Notes for discussion in connection with the re-organization of the ~~Public Health~~ Sanitary Department:-

(1) A whole time Sanitary Commissioner may be appointed. His salary may at least be Rs.800.

(2) He may also be Ex-officio Inspector General of Prisons: the Senior Surgeon retaining control over the dispensaries in the jails.

(3) The Vaccine Institute may be under the control of the Sanitary Commissioner.

(4) The existing arrangement in regard to Personal Assistant to the Senior Surgeon may continue for a year.

(5) The Director of the Public Health Institute to be divested of the duties of Deputy Sanitary Commissioner and touring work in general. The work to be done by and the duties of, the Director should be made specific.

(6) The Central Sanitary Board may be re-organized. It may consist of the following:-

1. Senior Surgeon - Member and President.
2. Revenue Commissioner - Member.
3. Chief Engineer - do.

4. Sanitary Commissioner - Member and Secretary.

5. The Sanitary Engineer - Member.

6. Water Supply Engineer - do.

7. Dr. Achyuta Rao -- do.

8. One other private gentleman - do.

(7) The existing District Sanitary Officers may be utilized as follows:-

| | | |
|---|---|---|
| Shimoga ... | 1 | whole time officer. |
| Mysore ... | 1 | do. |
| Hassan and Kadur | 1 | do. |
| Tumkur and Chitaldrug | 1 | do. |
| Bangalore and Kolar | 1 | do. |

(8) The full establishment of qualified Sanitary Inspectors and Assistant Sanitary Inspectors may be gradually entertained on a temporary footing to begin with, according to a programme previously approved by Government. Sub Overseers trained in the Chamarajendra Technical Institute may be given a year's training in sanitation and used for sanitary work. Their future prospects should receive consideration.

(9) The registration of Births and Deaths may be made compulsory throughout the State, a suitable regulation being enacted.

(10) The relation of District Sanitary Officer to Deputy Commissioner and President and also to Sanitary Commissioner to be defined.

(11) All the Sanitary authorities should work according to programmes duly approved at the commencement of each year.

(12) The duties of the Sanitary Board and Sanitary Officers should be defined with a view to tangible practical results.

(3) 80

Corporate for a Separate
San[y] Dept.

The Dept. San[y] Comm[r]
will in future be a full time officer
& will be practically in entire
charge of the Sanitary Dept. but
work under the Senior Surgeon
who will continue to retain the
designation of San[y] Comm[r].

The Dy San[y] Comm[r] though
practically in independent charge will
submit all his correspondence through
the San[y] Comm[r] who will only exercise
disciplinary control & the control
considered necessary.
X is proposed to appoint Dr Gilles
as Dy Sanitary Comm[r] for one year in the first instance.

The Public Health Institute
will henceforth constitute a separate charge
under Dr Strickland Rae.

The scheme for a separate
Sanitary Dept should be modified
to suit the above changes

15.12.15

Andrew Harvey Wells

Strictly Confd

6 (8)

R. S. 12]

General and Revenue Secretariat.

Sar File No. 86 of 1913

Serial No.

Revised proposals of the Sanitary Commissioner on the re-organization of the Sanitary Department

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Forwarded with compliments to the Financial Secretary for favour of opinion. The subject has been included in the agenda for 12th January 1913

D. M. Narasaya Rao
Secretary to Government
General Department

I should like to see the notes & papers leading upto these proposals.

Prima facie no case seems to have been made out for a whole-time Dy Sanitary Commr nor for any addition to the staff of the Public Health Institute. In fact the work of the Institute, as far as one can judge, is hardly sufficient to occupy the existing staff. Hence the necessity of adding (IV) & (V) to the list of duties though apparently (IV) would come under (i), (ii) or (iii) and (V) is an indefinite item which applies to all departments and for which it is not usual to give additional staff. The officer in charge of the Institute can certainly act as Ex officio Dy Sanitary Commr, the work including touring work being suitably divided between him & the

NOTE—Contn. sheet.

GTP—65,000—17-6-12.

51/-2.9

. R. S. 12]

General and Revenue Secretariat.

Sav File No. 86 of 1913.

Serial No.

Sanitary Commr:- For such duties as testing the vaccine lymph, acting as Secy to the Sanitary Board &c the officer in charge of the P. H. Institute would be eminently suitable

JM 10/1/16

The entire file is sent herewith. A revised draft G.O is also put-up. For favour of further remarks.

Fri. 28/1 Dewan of Law 13/1

I adhere to the opinion expressed in my note of 10.1.16 above and also to Paras 1, 2 & 3 of my note of 15.2.16 in the cover. With reference to para 5 of the latter note I notice that the proposal to debit half the cost of Sanitary & Asst Surgeons Inspectors to State Funds has been omitted from the present draft.

To have a Sanitary Commr: & the Director of Public Health Institute under the Senior Surgeon would be anomalous.

Also to have a Sanitary Commr on Rs 600/- would simply mean that within a very short time applications will be received comparing his emoluments with those of other heads of Depts: & demanding an increase.

NOTE—Contn. sheet.

GPB—20,000—30-6-15.

R. S. 12]

General and Revenue Secretariat.

Sew File No. 86 of 1913

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In my ~~opinion~~ opinion if the personnel is satisfactory and proper coordination is effected the present arrangements ought to work satisfactorily as regards the higher staff. Of course a proper Sanitary Board & an adequate subordinate staff as contemplated in the order are steps in the right direction

Financially the considerable addn to permanent recurring expenditure aggregating about Rs 15000/- per annum chiefly on acct of the creation of a highly paid Sanitary Commissionership is very undesirable at the present time.

15/3

Extraordinary member

Duraiswamy Rao
15/3

As regards the designation of the Head of the Sanitary Department, one of the following three expressions may be selected :

1. Sanitary Commissioner
2. Director of Sanitation
3. Inspector General of Sanitation.

The Director of Public Health Institute may be appointed as one of the members of the .

NOTE—Contn. sheet.

GPB—20,000—30-6-15.

Serial No.

Central Sanitary Board, only one non-official gentleman being appointed instead of two as proposed (6 and 7)

The draft order in regard to measures for imparting instruction to the people regarding - Hygiene and Sanitation (San.124 of 14) will, it is believed, issue after the issue of orders in this file.

Dewan
20.3.16

C.S
cir for
next mtg.
Dewan
20/3

26/3/16

Recd on
29.3.16.

I have very many objections to put forward against the proposed re-org". If the Govt desires I shall submit a note - However the matter must come before the next meeting of the Council, & shall place my views there

Dewan)

27.3 Devy & Rao
31/3

The question may be discussed tomorrow after which a note may be prepared. The proposals have not been approved by me.

C.S Dewan
5/4

5.4.16

Secretariat
with thanks
6.4.

NOTE—Contn. sheet.

GPR—10,000—18-6-14

G. H. S. 12]

General and Revenue Secretariat.

Sour File No. 86 of 1913

Serial No.

Note of the First Member of Council on the draft order proposed to be issued on the organisation of the Sanitary Department.

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/. From the Council notes and the records of discussion that has taken place during the past six months and more in regard to this important matter, it is seen that there is a general agreement regarding the necessity for a revision of existing arrangements relating to sanitary work throughout the State.

2. The discussions are based on various suggestions made from different quarters and appear now to resolve themselves into a few definite proposals as follow:-

1. The appointment of a whole-time Sanitary Commissioner at the head of a new department called the Sanitary Department with a status independent of the Senior Surgeon on a pay of Rs.800 per mensem.

2. The abolition of the appointment of a Deputy Sanitary Commissioner and the creation of a new whole time Directorship of the Public Health Institute under the direct control of the Senior Surgeon on a salary of Rs.1000 per mensem. ( This is to be a stationary appointment)

3 The regrouping of the eight districts into five divisons to be placed in charge of the

NOTE.—Contn. sheet.

GPS—70,000—17-12-15

G. H. S. 12]

General and Revenue Secretariat.

See File No. 86 of 1917.

Serial No.

the existing District Sanitary officers.

4 Revision of the orders relating to the powers and duties of District Sanitary officers in relation to those of the local, Revenue and Municipal executives.

5. Re-constitution of the Central Sanitary Board.

3. I think it necessary to refer to certain previous orders of the Government issued from time to time connected with the organization relating to the sanitary work. It is not necessary to go beyond th 10th of August 1907 on which date an important order was passed organizing a Department of Public Health. On the advice of experienced officers such as Col.Benson, Lt.Col.Smythe and Major Drake-Brockman, the Government directed the constitution of the Sanitary Department as follows:-

i. The Senior Surgeon to be ex officio Sanitary Commissioner and directly responsible to Government for the administration of the entir Department.

ii. The appointment of a Deputy Sanitary Commissioner on Rs.500 rising to Rs.750 to relieve No.(i) of routine work and also to be Inspector of Vaccination.

iii. Division of the whole State into 3 Sanitary Divisions to be placed in charge of 3 Divisional Sanitary Officers on a pay of

NOTE – Contn. sheet.

GPB 70,000 17-12-15

General and Revenue Secretariat.

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Rs.250 rising to Rs.400.

iv. The appointment of 8 District Sanitary officers to be subordinate to Divisional Sanitary Officers on a pay of Rs.100 rising to Rs.200.

v. The appointment of Health Officers for the cities of Bangalore, Mysore and Kolar Gold Fields on the same pay as Divisional Sanitary officers.

It is not necessary to refer to the orders relating to the appointment of Sanitary Inspectors etc.

4 The above organisation was slightly altered on the 26th January 1910 abolishing the posts of Divisional Sanitary Officers and raising the posts of District Sanitary Officers to a scale rising from Rs.150 to Rs.250 In that order it was also directed that the District Sanitary Officers should be subordinate to the Deputy Commissioners in all but technical matters

5 The origin and growth of the Public Health Institute has also to be referred to in this connection, as the proposed re-organisation deals with the future of this Institute in an important manner. In the order of 1907 referred to above, it was decided to open a Public Health Institute with a Laboratory more and less as an adjunct to the Public Health Department.

NOTE.—Contn. sheet.

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6. In 1911 the amalgamation of the Public Health Institute Laboratory with the Chemical Laboratory was completed and the ~~combined~~ *combined* Laboratory was placed in charge of Dr.Srinivasa Rao who was till then Chemical Examiner and Bacteriologist to Government, under a new designation as Superintendent of the Institute and Chemical Examiner to Government. Subsequently, this designation was altered to Director of Public Health Institute and this Officer was placed under the orders of the Senior Surgeon and Sanitary Commissioner.

7. It is now urged that ~~owing to~~ the absence of a whole-time controlling Officer regarding sanitary matters and amalgamation of the duties of the Deputy Sanitary Commissioner and of the Superintendent of the Public Health Institute in one and the same officer together with the vagueness of the position of the District Sanitary officers have contributed to the failure of the original scheme sanctioned in 1907 and subsequently modified in 1910-11.

8. I have carefully ~~perused~~ *perused* the Council discussions that have taken place. The provisional opinion recorded from time to time clearly shows that the proposed re-organisation bristles with many difficulties and doubts. While on the one hand it is not clear as to how

NOTE—Contn. sheet.

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how the position and responsibilities of the new head of the Sanitary Department are to be laid down, it is on the other hand somewhat doubtful whether the proposed re-distribution of work between the existing officers of Government in the present re-organisation would be satisfactory as shown in the draft Govt: order. A doubt has been expressed in the matter of the sufficiency of the work to the Superintendent of the Public Health Institute when he is relieved altogether of Sanitary duties; then as regards ~~to~~ the question of establishment and discipline, there has been considerable discussion; and the supervison over the Vaccination Department, Prisons Department etc has also to be considered with reference to the proposed re-allotment of ~~the~~ responsibilities

9. On the 15th December last, the Council opinion appears to have been in favour of a Dy.Sanitary Commissioner as a full-time officer under the Senior Surgeon, who was to continue to retain the designation of Sanitary Commissioner. It was proposed that the Dy.Sanitary Commr: who will be practically in entire charge of the Sanitary Department was to carry on correspondence through the Sanitary Commissioner and it was also proposed to separate the Public Health Institute as an independent charge.

NOTE—Contn. sheet.

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10. On the 19th Jan.1916, the above proposals were again discussed and on the 26th January a question was raised as to whether Dr.Srinivasa Rao will have sufficient work; and it was suggested that he might be given Jail or some other work in the Central College.

The Financial Secretary expressed the opinion in his note dated the 10th January 1916 that no case had been made out for a whole-time Dy.Sanitary Commissioner nor for any addition to the staff of the Public Health Institute, adding that the work of the Institute was hardly sufficient to occupy the existing staff.

12 In regard to this matter, it is necessary to quote the opinion of the Senior Surgeon who seems to be inclined to the view that it is very important to secure concentration of the activities of the two officers viz Mr.Srinivas Rao and Mr.Palpu each in his own particular sphere of work in which each has specialised from the accumulated experience of years. This argument, however, does not appear to me to be convincing so far as the general needs of sanitation are concerned. ~~as regards as~~

13. As regards sufficiency of work in the Institute. the Senior Surgeon says that it is necessary to ensure a respectable outturn of work in all branches of the Institute including original research and that therefore he proposes to - strengthen the staff of the Institute by appointing

NOTE—Contn. sheet.

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appointing two additional Assistants. So far therefore, as I have been able to judge, there is nothing on record either in the opinions of the Council or in the opinion of the Senior Surgeon to justify the assumption that it is necessary to have two highly paid officers on a salary of Rs. 800 and Rs.1,000 per mensem, one for research work in the ~~Institut~~ Institute as a totally independent Institution separated from the Sanitary Department and the other for Sanitary duties. It would appear to me that this proposal,(and I venture to make this statement subject to correction) is made more in the interests of the two officers themselves than in the interests of the efficiency or the needs of the administration.

14. I have the following general objections to put forward against the proposed ~~sch~~ scheme:-

(i) It would be inexpedient to appoint an independent Sanitary Commissioner with a salary of Rs.800 and to give him the - status of a head of a Department. The system will not work satisfactorily for more than one reason. It is desirable to place him in subordination to the - Senior Surgeon; and therefore the original proposals as recorded by the Dewan in his note of 15th December 1915 which - formed the basis of discussion at the outset is far preferable. The Senior Surgeon should, in my opinion, be the ex officio Sanitary

NOTE—Contn. sheet

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General and Revenue Secretariat.

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Sanitary Commissioner as under the original Scheme and be given the assistance of a whole-time officer to be designated as Deputy Sanitary Commissioner with the routine duties of the ex offficio Sanitary Commissioner plus detailed supervision and control over all the Sanitary Departments and activities of the State, such as Vaccination; working up - sanitary problems such as malarial survey; proposing sanitary improvements of towns and villages advising on the schemes of extension of village site, introduction of healthy water-supply, drainage, etc.; (all matters relating to sanitary Engineering being discussed in course by him in conjunction with the Sanitary Engineer;) control over the District Sanitary officers; organization and - training of rural and urban Sanitary and Assistant Sanitary Inspectors under the employment of Municipal Councils, District Boards, Union Punchayets and Village Committees. The pay and status of this officer should be such that he may be expected to continue in the post for a considerable number of years and therefore should, in my opinion, be progressive. The pay proposed in 1907 was Rs.500 rising to Rs.750 and in view of the expanding nature of the departmental operations that are in the air, it will not be too much to fix the pay at Rs.800 rising to Rs.1,000. We should be careful not to fix the pay of such important posts with any reference to the existing emoluments of the officer or officers that are likely to be selected. Increments may be Rs.50 every two years

NOTE—Contn. sheet

G.P.B.—70,000—17-12-15

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15. The difficulty that has hitherto been experienced in coming to a satisfactory decision regarding the re-organization of the Sanitary Department appears to be due chiefly to the existence of the Public Health Institute in charge of a highly paid officer like Dr.Srinivasa Rao. This Institute was originally proposed, (and I think the proposal was a sound one), to be only an adjunct of the Sanitary Department; the scientific as well as the technical part of work connected with the improvement of sanitation and connected with the assistance that may be rendered to sanitary officers in the districts was intended to be performed by the Institute; and having regard to the record of its work in the past as well as the possibilities of improvements that are so forcibly urged by the Senior Surgeon, I think it would be sufficient if an Assistant Sanitary Commissioner is placed in charge of the Institute on a salary rising from Rs.500 to Rs.750. It would be his duty in that case to be in direct charge of the Vaccine Institute also and the School for the training of Sanitary Inspectors. I do not think that the State would be justified in spending anything more than the scale above proposed for the development of the work connected with the Institute and its subsidiary branches.

16. I have very little to say on the subject of the position of District Sanitary officers [redacted] that I adhere to the opinion very strongly that the position as defined in the original order of

NOTE—Contn. sheet.

GPB -70,000 -17-12-15

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7

G. R. S. 12]

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Jew File No. 86 of 1913.

1907 is based on sound principles. If it is not possible to employ 8 District Sanitary Assistants all at once, there may be one in charge of two districts till the full complement can be sanctioned. But I am opposed to placing the District Sanitary Assistants in direct subordination to Dy.Commissioners in all sanitary matters. Experience shows that such a position leads to dual authority and considerable friction and if there is any point in appointing a sanitary officer as directly responsible to Government for the introduction of sanitary measures and for the supervision and control over subordinate sanitary officers throughout the State, then there is no reason in holding the District Revenue Officer responsible to the same extent. . has been decided in British India, the Dy.Commissioner should be consulted in all matters and his views respected and acted upon wherever possible. The Dy.Commr: as President of the District Board has ample powers and when the legislative measures relating to vital statistics etc., are passed, the local bodies themselves will exercise considerable authority in regard to sanitary improvement in the Districts independently of the Dy.Commr: In these circumstances, he need not be directly associated as a responsible superior officer exercising authority over the District sanitary staff. Such a scheme as now proposed has not worked anywhere with satisfaction.

NOTE—Contn. sheet.

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GPS -70,000—17-12-15

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17. The position of the sanitary officers under the employment of local bodies such as District Boards, Municipal Councils etc., will have to be defined giving those bodies powers of appointment and discipline subject to such restrictions as Government may consider necessary. The Vaccination work, vital statistics, Registration work, work of controlling epidemics, work relating to fairs and festivals, inspection of water-supply, markets, etc., will have to be done by these lower subordinates subject to the expert supervision of the District Sanitary Assistants. They may be given some authority to enable them to exercise supervision such as recommending for punishment, transferring from one charge to another etc.

18. In this connection, the draft order in regard to measures for imparting education regarding hygience and sanitation has also to be referred to. The District Sanitary Asstts may be entrusted with the duty of arranging lectures on sanitation and hygiene with magic lanterns. Being itinerant officers, they can easily perform such duties without detriment ~~tot~~ to their legitimate work. I see that they have been already directed to do so. Their work may be facilitated by the supply of magic lantern outfit as proposed in the draft order dated 29th November last. The Assistant Sanitary Commissioner in charge of the Public

NOTE—Contn. sheet.

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.Health Institute may be made responsible for the opening and development of the Central Health Museum subject to the control of the Deputy Sanitary Commissioner.

19 The financial results of the proposals now made will, on the whole, be found satisfactory. A comparative statement showing the difference between the proposals made in the draft Government order and these above formulated is appended.

20 I consider it highly necessary that the vaccination staff should, taking this opportunity, be thoroughly revised to secure better work. It is an open secret that the present staff of vaccinators are very indifferent and that their diaries and statistics are quite unreliable. It is impossible to expect men on Rs.10 or 12 a month to go about villages and do vaccination work. Their grade pay may be raised to Rs.12, 15 and 20 respectively. As this suggestion does not affect provincial expenditure, the local bodies concerned may be asked to provide the necessary additional expenditure under this head.

21 The Dy.Inspectors of Vaccination should be direct subordinates of the District Sanitary Assistants, their charges should, if possible, be reduced, each district having at least two Inspectors. These Dy.Inspectors may also supervise the work of vital statistics under

NOTE—Contn. sheet.

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the new Regulation that is proposed to be enacted.

WP
10. 4. 16

NOTE—Contn. sheet.

GPB—70,000—17-12-15

# Reorganization of the Public Health Department.

| S N. | Present establishment | cost | Future Proposed establishment | cost | 1st Member's propos | cost. |
|---|---|---|---|---|---|---|
| | Direction. | | | | | |
| 1. | Sanitary Commissioner (ex-officio) | nil. | Full time | (ex-officio) Rs.800 | ex-officio | nil. |
| 2. | Deputy Sanitary Commissioner | -do- | To be abolished | nil | Full time 800-50/2-1000 | 924 4/9 |
| 3. | Sanitary Commissioner's Office | 334- | | ~~379~~ 334 - 12/4 | | 379/- |
| | Public Health Institute | | | | | |
| 4. | Director of Public Health Institute and Deputy Sanitary Commissioner | 1000/- | Director (San[illegible] | 1000/- | | |
| 5. | Health Officer temporarily posted. 250-50/2-400 | 400 | District Sanitary Officer(100-10-250) | 183 1/3 | Assistant Sanitary Commissioner. 500-50/2-750. | 650/- |
| 6. | Sub Assistant Surgeon 60+20 | 80 | -do- | 183 1/3 | District Sanitary Officer 100-10-250 | 183 1/3 |
| 7. | Establishment. | 72 | | 72 | | 72 |
| 8. | Vaccine Institute. | 358 | | 358 | | 358 |
| 9. | Public Health Laboratory. | 96 | | 96 | | 96 |
| 10. | Health Officers | 740 | | 740 | | 740 |
| 11. | District Sanitary Officer 250+50 | 300 | 8 District Sanitary Officers eventually. 100-10-250. | ~~1166 2/3~~ | | |
| | 1. -do- | 250 | | | | |
| | 2.-do-100-10-250 | 336 2/3 | | | | |

| | | | | | |
|---|---|---|---|---|---|
| | Assistants. | | | | |
| | 3 at 80 | 240 | | 240 | |
| | Deputy Inspectors of Vaccination (60, 40) | 100 | | 100 | 16 Deputy Inspectors of Vaccination. 6 at 60 and 10 at 40. 760. |
| 14. | Vaccinators | 1077 | | 1077 | 8 (20) 46(15) 40(12) 1330 |
| | -do- Reserve Vaccinators | 96 | | 96 | 96 |
| 15. | 74 Sanitary Inspectors (30-2-40)+10. 12 Assistant -do- (20-1-25)+10. | nil | 90 Sanitary Inspectors (20-2-17)+10 87 Assistant -do- (20-1-25)+10 | nil | nil. (hereafter to be borne by the District and Municipal Funds.) |
| | | *5911/3 | | 7,021 | 7,287 4/9 |

Hoo
12/4/16.

G. R. S. 12]

General and Revenue Secretariat.

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Serial No.

The file is re-circulated to the Members of Council, as ordered in Council on 6th April 1916.

D. M. Narang Rao
7/4

A typed note of the views of the First Member is put up. A comparative statement has to be prepared (Vide parag. 19 of the note).

10.4.16

As IV wn Revs have a statement prepared before further circulation. Or 2 days

Dewn
11/4.

CS wn circulate with the Statement

Rec'd 12/4.

(Secretary to the ... Member)

A statement is put up
Seni Secy)

Hon
12/4.

154.
13.4.16.

Seen. My 14-4-16. yours 14/4

The First Member in his note dated 10th instant, para 14 (1), questions the expediency of appointing an independent Sanitary Commissioner ~~with~~ on a salary of Rs.800/- and giving him the status of a head of a department. It need not be pointed out that the proposed measure is largely the outcome of repeated representations by the Senior Surgeon that there is enough work for him in the Medical Department and that he may be relieved of

NOTE—Contn. sheet.

GPB—70,000—17-12-15

100



Serial No.

He will be helping Dept of Sanitary Duties by the Sr Sur Com 28.4

other duties to be able to devote his entire attention to the department proper and endeavour to make it more efficient. Even so far back as 1907 when the Sanitary Department was organised Col. Drake-Brockman pointed in his letter dated 3nd February 1907 how the work of the Senior Surgeon had increased and how it was impossible for him to perform the work of the Sanitary - Commissioner also, but the question of cost - seems to have then been in the way of appointing a separate Sanitary Commissioner. In British India and elsewhere, there is a separate head for each of the two departments, Medical and Sanitary, and this is as it ought to be, as their functions are quite distinct. Any arrangement which places the Sanitary expert under an ex-officio Sanitary Commissioner who has not made a special study of the subject is, I think, rather anomalous. Under such an arrangement, either the expert Deputy Sanitary Commissioner will have the entire control of the department and run the whole show and the ex-officio Sanitary Commissioner will be a mere figure-head or there is likely to be frequent friction between the two, retarding the progress of the department and impairing its efficiency.

2. The next point raised relates to the Public Health Institute. The First Member would

NOTE—Contn. sheet.

GPB—20,000—30-6-15.

. R. S. 12]

General and Revenue Secretariat. File No. 86 of 1913.

Serial No.

place the Institute in charge of an Assistant Sanitary Commissioner on a salary rising from Rs.500/- to Rs.700/-. This is an Institution requiring at its head an officer of capacity able to conduct reasearch work. Dr. Srinivasa Rao has had special training and has been in charge of it for a good many years past and it is intended to retain him there as he is considered the most capable person we have to fill that place. No doubt there is much force in the contention that the officer in charge of the Institute should be subordinate to the Sanitary Commissioner and it is eventually intended to introduce such an arrangement but it is not feasible just at present unless Dr. Srinivasa Rao is taken away from there.

3. In regard to District Sanitary Officers, the First Member says that their position as defined in the original order of 1907 is based on sound principles and that he is opposed to placing them in direct subordination to Deputy Commissioners. The original order was changed in 1910 after having been in force for nearly three years and not without reason apparently. The arrangement under the latter order has been in force for the last six years and has been working smoothly without any friction, and it is not easy to see why it should not continue to do so.

NOTE—Contn. sheet.

GPB—20,000—30-6-15.

General and Revenue Secretariat.

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Serial No.

A similar arrangement prevails in the Forest, Excise and Police Departments also and even there no friction has arisen so far. The Depauty Commissioner as the head of the District and President of the District - Board commands a great deal of influence over Local Boards and Municipal Councils and the District Sanitary Officer whose functions are merely advisory will be able to work on them more effectively through him than independently of him.

4. Under the Health Scheme Order of 1907, the District Sanitary Officer has to supervise the work of vaccinators, and the Deputy Inspector of Vaccination is gradually to be replaced by him and eventually cease to exist (vide para 7 thereof). The First Member proposes the appointment of at least two Deputy - Inspectors of Vaccination for each District in contravention of the above order, but the necessity for doing so has not been pointed out and does not seem to exist. As regards giving more pay to vaccinators, this is largely a question of funds and finances permitting, the proposal may be accepted.

24.4.16.

Dr decisions in Council

Dues 9/6

Second Member)

Dues 20/14

3/6

16

Received back from the 2nd Member on 10.8.16.

NOTE – Contn. sheet

IPC 75,000 17-12-15

A.D The 950 milk charges were made under a Resolution from the Executive Members. ~~Secretary~~ Dr Bruyaud agreed to this arrangement 24/V

103

## Note of discussion in Council

1. "A full time Sanitary Commissioner may be created,

2. Dr Sreenivasa Rao may be selected for the post.

3 He will be independent of the Senior Surgeon and will also hold charge of the Public Health Institute. 24/V

4. His pay may be (to be discussed) / settled

5. Dr Pasha may be in charge of the Lunatic Asylum, Medical Stores and Vaccine Institute, under the administrative control of the Senior Surgeon.

6. His pay may be (to be discussed & settled)

7. As a rule the functions of D.S.O and D.M.O may be combined in one & the same officer, except perhaps for the malaria districts, for the present.

8. All other details including those of a consequential nature may be elaborated in consultation with the Senior Surgeon & Sanitary Commissioner :—

19/8/16

A local allowance of Rs 50 p.m. may be given to the officer in direct charge of the P.H. Institute. 24/V

21st Aug 1916

As the Sanitary Commissioner will be a touring officer, he cannot do justice to the office of Director of Public Health Institute. The proposed combination of these two offices in one the same person is seen in expedient

2. It is not absolutely necessary for the post to have a full time Sanitary Commissioner or even a Dy. Sanitary Commissioner.

3. Dr Sreenivasa Rao may be relieved of the duties of Dy Sany. Comm[r] Ex officio. He will be strongly if he is authorized to visit Malnad areas occasionally and advise the Malnad Improvement Committees on requisitions received from chairmen of such Committees

4. The District Sanitary Officers may be Sanitary Assistants to the D. M. Officers They should not be subordinate to Dy. Commissioners.

5 On other proposals as made by the Senior Surgeon Sanitary Comm[r] already: The Manager of the Sanitary Commissioner's office should be given the grade pay of Rs 100 - 10 — 150 : ——

D. Sreenivasa Rao
21st Aug 1916

Done
21/8/16

100

9

G.R.S. 13]

## Routine Notes.

[To be used only for notes, requisitions, etc., not intended for permanent record.]

Consequential points

Part of S.S. Scheme

(1) Where should Dr Srinivasa hold his office

Same grade

Yes

(2) Should the P. H. Institute be independent of the Senior Surgeon or not

(3) Asstts in the Public Health Institute:- of what pay

Dt San y officers 150 - 10 - 250?

or any other grade

The Director being the officer in charge of the Public Health Institute. Dr S. Adds duties now enlarged, & he may require superior Asstts

(4) If D. M. O are to be Ex-officio D. S. Os in Madras Dts (2) how are existing D. S. Os, Health officers to be disposed of

There are 9 such officers now (Vide Pp 167, 168 Civil list) exclusive of Dr Palpu and including Mr R. Subba Rao

Yes

(5) Their duties as defined in App B. will require suitable modification

Yes

(5) Constitution of Central San y Board requires change.

(6)

N.B.—Should routine notes be written on small slips, the notes must be copied, or slips pasted on this form.

GPB—50,000—5-8-15

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G.R.S. 18]

28

## Routine Notes.

[To be used only for notes, requisitions, etc., not intended for **permanent** record.]

(b) Dr. Palpu

(a) Is any portion of his pay to be debited to the Sanitary

(b) What is to be his designation

(c) Does his appointment affect the personnel of the Lunatic Asylum & Medical Stores (Dr W. Srinivasa now in charge of Syrups & Vaccine Institute (Mr Noronha)

1/3 to Sanitary

Supdt Q- Stores

yes work I.O.

21/7

*N.B.*—Should routine notes be written on small slips, the notes must be copied, or slips pasted on this form.

GPB—50,000—5-8-15

According to th provisional opinion of Comm^r dated 19 8 16

| Proposals | Cost | Remarks |
|---|---|---|
| **Direction** | | |
| 1 Whole-time Sanitary Comm^r | 1173 1/3 [a] | a 1000 ÷ 100/1 = 1200 against 1000 |
| Sanitary Comm^rs office | 421 1/2 [b] | b against existing 334 due to raising of Pay of Manager from 50 - 5/2 - 75 to 100 - 10/1 - 150 |
| Public Health Institute* | | * To be independent of senior Surgeon |
| Director | | D^r S. Rao will be whole-time San^y Comm^r's Dep^y hence no Cost. |
| 2 Assistants of D^t San^y officers pay (100 - 10 - 250) | 2 × 183 1/3 = 366 2/3 | |
| Establishment | 72 | Same as now |
| Public Health Laboratory | 96 | Do |
| Other auxiliary Institutions | | |
| 1. Vaccine Institute | 358 [c] | c existing Cost including pay of Asst Surgeon |
| 2. Lunatic Asylum & Medical Stores | — | Note All these 3 institutions are proposed to be placed under D^r Palpu on a pay of 800 - 50/1 - 1000. 1/3 of his pay is assumed to be debited to San^y Budget; if D^r Palpu is in direct Probably charge of Vaccine Institute & a S.A.S instead of Asst Surgeon may do for it. there will be some Saving this way |
| ~~3. Central Jail~~ | — | |
| | 1/3 of 946 2/3 = 315 5/9 (d) | |
| District San^y Establishment | | |
| 1 3 D^t Sanitary officers for Shimoga Kadur and Hassan | | *Cost not given as this depends on off^rs to be appointed, but it may be broadly stated that inasmuch as we shall require 8 officers for the following charges and there is that number already if we exclude m^r R. Subba Rao there is not likely to be either excess or defect on the whole: Asst Director 2; Sellakumar 3; Pub Health officers 3; Total 8 |
| 2 D. H. Offs to be Ex-officio D.S.O in Mysore Dist | | |
| 3 Other Establishments as in draft order | | |
| | | Note The only items of excess expenditure this will be under a, b, d Viz 173 1/3 + 87 1/2 + 315 5/9 = ~~573 1/18~~ Rs = ~~573 1/18~~ = 576 7/18 Rs p.m |
| Note The draft order already put up has been suitably revised in accordance with above proposals and put up | | Points for orders (1) Position and duties of full time and Ex-officio San^y officers (2) ie whether they are to be subordinate to (2) What portion of D^r Palpu's pay to be debited to San^y budget (3) What is to be his designation - Spl: Asst |
| Excess Cost over present 576 7/18 Rs p.m | | |

(5)

According to Dr Armugam's note dated 21.8

| Proposals | Cost | Remarks |
|---|---|---|
| (a) No whole time San Y Comm or even Dy San Y Comm necessary | | |
| (b) Dr S. has to be relieved of duties of Ex officio Dy San Y Comm | | |
| (c) Manager to get 100 - 10 - 150 Public Health Institute[a] | 421 1/2 | Section not stated but probably will be under Senior Surgeon & Ex-officio San Y Comm |
| 1. Director | 1000 | |
| 2 Assistants (100 - 10 - 250) | 2×183 1/3 = 366 2/3 | |
| 3. Establishment | 72 | |
| 4 Public Health Laboratory | 96 | |
| Other Institutions | | |
| | | In the draft order Dr Kalpu was proposed to be appointed ~~as~~ full time San Y Supdt It is not known whether this still stands good or not in view of the recommendation that no full time Dy: San Y Comm or Dr, San Y Comm is necessary. |
| District San Y Establishment | | |
| (a) 18.0 for Each D and till the requisite number of officers become available. 8 Ds to be grouped into 5 divisions. | | |
| (b) D S.O to be San Y Asstts to D M Os They should not be Subordinate to the Dy Comm | | |
| | | Points for orders (1) Ds a Dy San Y Comm or San Y Supdt necessary or not |
| | | (2) Are District San Y officers to be subordinate to Dy: Comm or D.M.O |
| ~~Total~~ Cost 5 11 5/6 p.m. Assuming there is to be no San Y Supdt | | |
| [a] Dr Surgeon is suggested | | Over |

Confidential 1.51.108

G.R.S. III—3]

## Routine Notes.

[To be used only for notes, requisitions, etc., not intended for permanent record.]

I am going to Nuwara Eliya with the Governor tomorrow morning & returning tomorrow night. Dunuv 21/8

I submit herewith the file relating to the reorganization of the Sanitary Dept. Dr Bampfylde saw me here yesterday and gave expression to his views which are recorded in the accompanying papers. Those views differ.

A comparative statement of results of proposals is also placed in the file for reference.

If desired, I shall request Dr Bampfylde to wait upon the Executive Member at any time convenient to H.E. the Governor on Thursday next. Dr Bampfylde could he might start on tour on Friday next. I shall also wait upon the Executive Member at the same time if it is desired.

Dunuv 21/8

Executive Members

A draft order in accordance with the proposals called for personally under instructions from the Executive Member on the 3rd Aug 16 was sent to the S.S.J.S.C. who agree to it with one modification.

After approval by the Executive Member, the case will be brought up before a meeting of the Council.

Dunuv 26/8

Executive Members

*N.B.*—Should routine notes be written on small slips the notes must be copied, or slips pasted on this form.

W.D. 81—GPB—60,000—20 7 16

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[illegible]

General and Revenue Secretariat.

Serial No.

Saw File No. 86 of 1913.

The draft seems all right.

In para 2 (b), the pay of the two Assistants, Public Health Institute, of the grade of District - Sanitary Officers, is shown as Rs.100-10-250 instead of Rs.150-10-250. This seems to be an oversight as in the statement showing the cost of the scheme, their correct pay is put down viz., Rs.150-10-350.

I understood at the time the question was discussed that one of the two Assistants in the Public Health Institute was to be a senior officer of the grade of Health Officer.

Mysore is a large district and two or three Taluks therein are very unhealthy. It may be given a full-time District Sanitary Officer, especially as we have already on hand a large number of District Sanitary Officers.

22.8.16.

CS grw 978

Note- Contn. sheet.

GPB 7000 17-12-15

WO

**Extract from the Proceedings of the.....427th.....Meeting of the Council of His Highness the Maharaja, held at.....Bangalore.....on the.....31st.....October.....19 16 .**

3. SUBJECT.-(Clauses viii and x of the Schedule)

Re-organization of the Sanitary Department.

OPINION OF THE COUNCIL.

The draft order may be approved.

"EXTRACT"

D. M. Nanjaraja Rao M/S

Secretary to Government,
General Department.

WD—156—GPB—1,000—19-7-16.

767

Re-organization of the Sanitary Department

(G. R. S. 12)

General and Revenue Secretariat.

Saw File No. 86 of 1913.

Serial No.

Extract from the Proceedings of the Council is put up herewith.

Instructions in Council.

(i) The Financial statement should be revised.

(ii) The Financial Secretary should be consulted.

(iii) A ~~draft~~ Final Note to be put up.

M'gm's
R. Lar

Forwarded, with compliments, to the Financial Secretary to Government in the first instance, for favour of remarks

Saw
21/9

Flsa 4)

K
26.9.16.

Attention is invited to the opinions expressed in my notes dated 10th January 1916 and 25th March 1916.

It would be anamolous to place the Vaccine Institute under the Senior Surgeon if a whole time Sanitary Commissioner be appointed The Sanitary Commissioner would be responsible for the efficient working of the Sanitary Department and would be a Specialist in that line and if he be made an independent officer he will have a legitimate claim to be the President of the Central Sanitary Board instead of the Senior Surgeon. For these reasons it would be desirable

desirable if the existing arrangement is allowed to continue. If absolutely necessary the Public Health Institute may be placed in charge of a Health Officer with an assistant as proposed but I think one Health Officer in addition to Dr. Srinivasa Rao should be sufficient until Works- develops further. This step will enable Dr. Srinivasa Rao to devote more attention to his other duties and he can attend to the duties of the Sanitary Department under his present designation and without creating any anamolous situation.

The direct charge of the three institutions viz., the Lunatic Asylum, Medical Stores and Vaccine Institute involves a very large amount of close and careful supervision work and the last named institution is far away from the other two. The arrangement of having a highly placed officer in direct charge of all the three is likely to lead to one of the following results. viz., either proper and detailed supervision will be lacking or demands will soon be made for one or more Assistant ~~Supervisors~~ Surgeons to be in immediate charge of the institutions. It is much more preferable to have two officers on moderate pay for these institutions under the supervision of a departmental head than one highly



GPH—70,000—17-12-15

G. R. S. 12]

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F. 200 No 7674/16 3 WB

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highly paid officer.

In the proposition statement accompanying the draft Government Order the post of Laboratory Assistant is omitted and other appointments are not explicitly stated. As the proposal is an important one, a proposition statement may be caused to be prepared in the prescribed form and got verified by the Comptroller and the file sent up to the Financial Branch for further opinion /

note

SDV/ 21.10.16

Financial Secretary.

NOTE—Contn. sheet.

GPB—70,000—17-12-15

G. R. S. 12]

C.S.211
21.10.16

General and Revenue Secretariat.

Sanc File No. 86 of 1913.

Serial No.

Dr Bruyaux's letter about the reorganisation of the Sanc. dept is put up. The S.S. I.S.C. has evidently again changed his mind.

The draft note sanctioning the reorganisation was approved in Council on the 21st Sept 1916 and was sent to the Fin. Secy on 24/9/16. He has not yet returned the file with his opinion.

In view of the strong views now expressed by Dr Bruyaux, the matter may perhaps be again considered here, if approved.

Dewan Bahadur 21/10

Thanks, member, Dewan

Dr Thank Sd.

23.10.16. Dewan 24/10

Please get the papers from the Fin. Secy & re-circulate Dewan 26/10

(vide Noting Sheet of 23.10.16)

The Dewan opines that the Question may be considered again, at an early date.

Sd. 25/10/16.

2168 25.10.16

NOTE—Contn. sheet.

GPB 70,000—17-12-15

(6) C. [illegible] 115

Subject.-

**Revised proposals for the re-organization of the Sanitary Department.**

OPINION OF THE COUNCIL.

To submit
[illegible]

A proposition Statement in accordance with the Council resolution — verified by the Comptroller - may be brought up before the meeting

Secretary
30/11

A.S. I & A.S. II may kindly prepare it & send it to C. Comptroller immediately so that the stat verified before the next Council

Secretary
30/11

The proposition stat: has been sent, duly verified, by the Comptr.

~~In accordance of resolution (vide)~~
~~No. Secretary's note~~
~~dd 21.10.16)~~

D. M.
30.11.16

~~A.S. II~~

The proposition Statement prepared in Consultation with A.S. II was sent to the Comptroller, and has been rec[d] back duly Verified. Sub[d] for orders

(Second member
Hon. & First members)
30/11/16

(G.C. Secy.)

Lem. 1.12

Secretary
30/11

Secretary
1/12

Secretary
1/12

(Secretary)

3221
4.12.16.

CS
Put to
Cncl
4/12/16

Dr. S. Rao may be requested to see me at 11 A.M. on Wednesday next
Secretary 4/12
(Dr. S. Rao consulted. Vide his d.O. in file)

Lem. may be considered at a meeting of Council.
With the Secretary's kindly consent Dr. Srinivasa Rao & [illegible] are absent to continue work in this basis — before bringing up in Council?
4.12.16

2 T 116

**Extract from the Proceedings of the 404th Meeting of the Council of His Highness the Maharaja, held at Bangalore, on the 4th January 1917**

13. Subject.-Clauses v and x of the Schedule.

Re-organization of the Sanitary Department.

OPINION OF THE COUNCIL.

The annexed draft order as amended in Council may be approved.

G. V. Narasimha Raya.

Chief Secretary.

"EXTRACT"

D. Venkatarama Rao 6/1

Secretary to Government,
General Department.

WD—156—GPB—1,000—19-7-16.

38-47

G. R. S. 12]

General and Revenue Secretariat.

Saw File No. 86 of 1913

Serial No.

Extract from the Proceedings of the Council is put up.

Forwarded with compliments to the Financial Secretary to Government, under paragraph 8 of the Government Order, dated the 6th May 1907.

By Order,

D. Ne. Narayana Rao 6/1

*Secretary to Government,*
*General Department.*

I respectfully invite reference to my notes dated 10.1.16, 25-3-16 & 22.10.16. I find that my views about the undesirability of the proposed appointments of Dr. Srinivasa Rao & Dr. Pelpu as Whole time Sanitary Commr & officer in charge of Vaccine Institute &c agree with those of the Senior Surgeon on the subjects. The S.S. also feels the anomaly of this being in the Sanitary board. Dr Srinivasa Rao also agrees with me that the vaccine Institute should be under the Sanitary Commr. I adhere to the opinions on these points already expressed by me. On other points I agree with the draft order.

10.1.17

A Facial Note may be RS to the Second Member Secretary 6/1

Please see routine

Mark 15/1.

D. of N. for Sec. to G. R. Dept. 11/1

108

34

G.R.S. III—3]

## Routine Notes.

[To be used only for notes, requisitions, etc., not intended for permanent record.]

A draft final Note is submitted as directed

I have dealt with this file as per directions of the General Sec$^{y}$ on the previous page and Elsewhere in the Notes

The draft order differs in some respects from the Views recorded by the 2$^{d}$ Member in his Note of 10.4.16., but perhaps the latter contains his earlier Views, and the former the later opinion.

The draft has been approved by the Member at the Council Meeting on 21.9.16 (Vide Council Resolution Sheet Flag K annexed. Only two trivial Changes were made in the draft order at the Council Meeting of 4.1.17 which will be found indicated therein. This does not affect the substance of the Order as approved on 21.9.16.

2$^{d}$ Member MSR 16.1.17

*N.B.* Should routine notes be written on small slips, the notes must be copied, or slips pasted on this form.

W.D. 84—GPB—60,000—204-16

119

General and Revenue Secretariat.

Sar File No. 86 of 1913.

| Serial No. | |
|---|---|
| | A. D. S. N. is fuckup. Dewan) |
| 4126 18.1.17 | |

Dewy & Law 1871

NOTE—Contn. sheet.

GPB—70,000—17-12-15

# Final Note by the Second Member of Council.

**Subject:**

Re-organization of the Sanitary Department.

These papers relate to the re-organization of the Sanitary Department, which has been under the consideration of Government for some time past. The defects in the existing organization, and the changes considered necessary, are dealt with in detail in the accompanying draft order, which has been drawn up after consulting the Deputy Commissioners of Districts, and certain selected officers including Dr. Armugum and Dr. Srinivasa Rao.

2. The main features of the proposals are -

(i) There will be a whole-time Sanitary Commissioner at the head of the Department who will be independent of the Senior Surgeon, on a pay of Rs.1,000 per mensem, and the appointment of Deputy Sanitary Commissioner will be abolished, Dr. Srinivasa Rao becoming Sanitary Commissioner.

(ii) The following institutions viz. Lunatic Asylum , Medical Stores and Vaccine Institute which are now in the direct charge of the Senior Surgeon, will be placed in charge of a separate officer subject to the administrative control of the Senior Surgeon, with the designation of"Superintendent of the Vaccine Institute,Lunatic Asylum and Medical Stores", on a pay of Rs.800 per mensem. Dr. Palpu will be appointed to the post, but he will continue to be in charge of the Central Jail, pending further orders.

(iii) Except in the Malnad Districts of Shimoga, Kadur, and Hassan, and the Mysore District, the District Medical officer will also be ex-officio District Sanitary officer.

(iv) Local bodies will be required to employ the full complement of Sanitary and Assistant Sanitary Inspectors as per scale laid down in Govt. Order No. 9301-19/Munl. 67-03 dated the 8th April 1905.

(v) Arrangements will be made in the local school of Hygiene to train the required number of recruits.

(vi) The Central Sanitary Board will be re-constituted and its functions clearly defined.

(vii) Rules will be framed to regulate the duties of the several grades of Sanitary officers.

(viii) The pay of the Manager of the Sanitary Commissioner's office will be raised from Rs.50-5/2-75 to Rs.100-10-150, as recommended by the present Senior Surgeon and Sanitary Commissioner.

3. The total cost of the scheme is expected to come to Rs. 5,406 7/18 per annum against the Rs.5,900 1/36 the existing cost or to result in a net decrease of Rs.493 23/36. The Financial Secretary who was consulted about the Scheme has no objection to it, except that he considers the appointment of Dr. Srinivasa Rao and Dr. Palpu as whole-time Sanitary Commissioner and officer in charge of the Vaccine Institute etc, unnecessary. But as the bifurcation of the combined duties of Senior Surgeon and Sanitary Commissioner constitutes the very essence of the re-organization scheme, and it is anomalous to place the Head of the Medical Department in direct charge of minor institutions like the Vaccine Institute, Medical Stores etc., I consider both the appointments to be very necessary. As regards the other proposal of the Financial Secretary that the Vaccine Institute should be under the Sanitary Commissioner,

it will be seen that Dr. Srinivasa Rao is not very particular about the point. I think the arrangement as suggested in the draft order is the only possible one under the existing circumstances and when the personal changes may be modified later in details as may be found necessary.

4. The proposals were discussed several Meetings of Council and were finally agreed to at the last Meeting held on 4th January 1917 in the form outlined in the accompanying draft order which may be approved.

Second Member of Council.

16.1.17

*Submitted to His Highness.*

I submit herewith, a "Final Note" by the Second Member and a draft Government Order together with the file of papers relating to the reorganization of the Sanitary Department. The main features of the scheme have been explained in the final note, and I have only to add that the decision embodied in the draft order has been arrived at after very mature consideration at several meetings of Council in consultation with the principal officers concerned.

2. The Senior Surgeon and Sanitary Commissioner attended the discussion of the case in Council twice or thrice and the Extraordinary Member had a personal discussion with Dr. Armugam. The draft order proposed is substantially based on the decision thus arrived at. Dr. Armugam however, having subsequently changed his mind, it was considered necessary to discuss the matter once more in Council. On 4th January 1917, the Council again agreed to the draft order in its present and final form.

3. Dr. Srinivasa Rao, who was informally consulted, has also agreed to the arrangements, though he considers it would be better to place the Vaccine Institute under the Sanitary Commissioner. This, however, is not deemed expedient as sufficient work will have to be found for Dr. Palpu and as it is important in view of past happenings to avoid friction in the working of the new arrangement.

4. Dr. Palpu will continue to be in charge of the Central Jail until other arrangements are ordered. This question will be taken into consideration separately after issue of orders regarding the reorganization of the Sanitary Department.

5. It will be seen that the new scheme does not involve any additional expenditure and that only administrative rearrangements are involved for the present.

6. The draft order may be graciously approved.

H. Thomas -

22nd Jan 1917.

125

Record of Cases submitted for the Orders of His Highness the Maharaja.

## *Subject.*

Proposals for the reorganization of the Sanitary Department.

648
22.1.17

744

## *Order.*

~~KRAU~~

25/1/17

Attached herewith
Proposals regarding the reorg.
of the Vaccine Dept.
Necessary Taken up
Vaccine work is very
Necessary & Satisfactory
G.S. 2.

26
17-2-17

Note Extract - Memo &
Despatch Conf Dated
1912-

Attended to.
Book -
19.2.17.

19/2-17

Seen
21/2

Sanction
26-1-17
R 6

Get final proof submit
in 30 days Dated
27/1

28/2/17

G.R.S. III—3]

## Routine Notes.

[To be used only for notes, requisitions, etc., not intended for permanent record.]

Letter dy 6.2.17 from Sr B S Achyuta Rao

States that he will be glad to be a member of the Central Sanitary Board.

Rptd for orders as to whether the finial proof may be returned to the Press with "Print order" & 500 copies of the G.O. called for

Edn-39
6.2.17
BR
7/2

The addition & alterations reqd in the previous page & appd by Secy. are embodied in the draft

The order may be printed

H. Lees.) 7/2-17

Add Secy BrI may also kindly scrutinize the draft. It may issue immediately if the Addl Secretary's comments on the draft & all objections.

Draft 7/2

Scrutinized
MSR
7/2/17

by us both. The order as now revised in accordance

N.B.—Should routine notes be written on small slips, the notes must be copied, or slips pasted on this form.

W.D. 84—GPB—60,000—20-7-16

127

G.R.S. III—3]

## Routine Notes.

[To be used only for notes, requisitions, etc., not intended for permanent record.]

time ch one. —

Some responsible
Clerk in Ver Dept to
keep Pres & Sec that
the Statt y Cost is properly
~~attended~~ to revised before
it check off

Applies. me the
Question y D^r Palfrey
to be sent to Ver

RP
7/2-17

*N.B.*—Should routine notes be written on small slips, the notes must be copied, or slips pasted on this form.

W.D. 84—GPB—60,000—20-7-16

428

G.R.S. III—3]

## Routine Notes.

[To be used only for notes, requisitions, etc., not intended for permanent record.]

---

GOVERNMENT ORDER ABOUT THE RE-ORGANIZATION OF THE PUBLIC HEALTH DEPARTMENT

....

Directions of the Council.

Issue the order to-day.

(Intd.) D.M.N.

10-2-1917.

Submitted to the Assistant Secretary,

Branch IV.

10.2.17. In absence 10/2/17

*N.B.* Should routine notes be written on small slips, the notes must be copied, or slips pasted on this form.

W.D. 84—GPB—60,000—20-7-16

WD 1283—GTB—60,000—1-12-16—S.

G. R. S. III-2]

General and Revenue Secretariat.

San File No. 86 of 1913-4

Serial No. 38

G.O. No. 5713-63. 8.8.2.17.
Sanctions the reorganization of the Public Health Department

NOTE—Contn. sheet.

R. S. 26]

130

File No. 86-13

Serial No. 2

*Diary No. of letter replied to* 4447(c)

1 Sec 15.14

No. 4586-98
Sanity 86-13-2

General and Revenue Secretariat
(Sanitary)
, *the* 191

To

Memorandum

Date of issue 10.12.14.

Signed by Mr P. G. D'Souza.

The accompanying ~~printed~~ Collection of Papers on the re-organization of the Health department in the State is forwarded to the officers noted below for favour of expression of an opinion on the suggestions made therein with special reference to the work of the department in improving sanitation in the District. Govt. will be obliged if each officer will submit a self-contained scheme in order to bring the department into more

*over.*

SUBJECT.

13/

Direct liaison with measures of local sanitation.

By order

[illegible] Secretary

17.11

[illegible]

The Revenue Commr

" I. G. of Police

" I. G. of Education

" Comptroller & Financial Secretary Colony.

" Dy Commissioners of Districts

" Sanitary Commissioner, with a request that he may also consult selected Sanitary officers.

*List of enclosures,*

*Copied by*

*Examined by*

GPB—25,000—4-8-13

S ab (132)

F. R. S. 26]

Serial No

*Diary No. of letter replied to*_____

No. 5142-53
Sanity 86-13-
92-1.

General and Revenue Secretariat
( )
, *the* 191 .

To

The Revenue Commr
" I. G. of Police
" I. G. of Prisons
" Commissioner
" Dy Commrs of Dists
" Sanitary Commr

Date of issue 7.1.14

Signed by M<sup>r</sup> G. Srinivasa Iyer

Sir,

In continuation of this Office
S Memo, No 4586-98 dated the 10
Sanity 86-13-2
I am directed to forward the
the draft rules relating to the Civil
Sanitary Board for information,
V 14 of the notice by the Dy Secretary on the
over.

SUBJECT.

write
3/1/14

133

of the pre-registration of the

Department.

I have the
[illegible]
for all [illegible]

BOT

*List of enclosures.*

*Copied by*

*Examined by*

GPB—25,000—4-8-18

## Central Sanitary Board.

## R U L E S.

1. The Central Sanitary Board shall consist of five --- members, viz.,

1. The Sanitary Commissioner (President)
2. The Revenue Commissioner.
3. The Chief Engineer.
4. The Deputy Sanitary Commissioner (Secretary)
5. The Sanitary Engineer.

2. It shall be the duty of the Central Sanitary Board to advise on all schemes for Sanitary Improvement, costing Rs.5,000 and above that may be referred to it, for consideration by any local authority or by the Chief Engineer or by Government.

3. It shall also be its duty to give advice generally on any Sanitary matters of importance or practical interest, that may be referred to it for opinion.

4. No Sanitary work or project costing more than Rs.5,000 shall be undertaken by any local authority or department of Government without the previous approval of the Sanitary Board.

The term "Sanitary work or project" includes:--

(a) construction of hospitals, dispensaries, and slaughterhouses,
(b) works relating to town improvement, such as sions, formation or removal of villag
(c) works relating to water supply,
(d) works relating to drainage,
(e) new constructions including public buildin tended for the accommodation, regular periodically, of large numbers of pe such as schools, public halls.

Note :- No Sanitary work costing Rs.1,000 and above shall be incurred by any local authority or Department of Government without the estimate therefor being previous

sent to the Sanitary Engineer for professional scruti

In the case of works falling under Rule 4 and requiring the sanction of Government, estimates and connected papers should be submitted to Government through the Central Sanitary Board or the Sanitary Engineer as the case may be.

6. All new or revised projects sent up by the Board of Trust s for the City improvement, ,sewers, shall be carefully scrutinized and checked in the Chief Engineer's Office in respect of their engineering features and then forwarded to the Central Sanitary Board for approval. After approval, they shall be forwarded to Government for sanction by the Sanitary ----- Commissioner through the Chief Engineer.

7. After an estimate has been duly sanctioned by the --- proper authority, the Central Sanitary Board shall have no control over the execution of the work, but it shall be open to the Board to make proposals as to any modifications which it considers desirable from a sanitary point of view. These proposals shall be taken into consideration by the authority executing the work and be given effect to as far as possible; provided that when such authority is unable to accept the proposals, the matter shall be submitted to Government for orders.

8. It shall be the duty of the Sanitary Commissioner and the Deputy Sanitary Commissioner as the President and the ---- Secretary of the Central Sanitary Board, to bring from time to time, to the notice of the Board, schemes for the improvement in the -- sanitary condition of any particular locality or of the State as a whole. When the necessity for such schemes is recognised by the Board, they shall be included in a register of schemes which require attention immediately or in the near future. A list of

such schemes entered in the order of their urgency shall be forwarded to the local authority or the Department of Government concerned, every year at least one month previous to the consideration of the budget by such authority.

Note:- The list should be descriptive and should contain such items of information as will enable the authority in question to decide whether the schemes are such as will warrant their inclusion in the budget estimate. In every case, the approximate cost ---- should be stated.

9. The Board shall ordinarily transact business by circulating papers but the President may convene a meeting at any time for discussing important matters.

10. Papers shall not keep the paper for more than a week. As a general rule, no project is to be before the Board for more than two months. Should a longer period be found necessary the fact should be made the subject of a special report to Government by the Sanitary Commissioner.

11. The President may through the Secretary call for such information from local bodies and Government Officers as may be necessary for the furtherance of the business under these rules. Such information should be called for by letters and not in the form of Proceedings.

12. The Sanitary Commissioner and Deputy Sanitary ------- Commissioner may correspond direct with the Sanitary Engineer on all minor matters and may consult him informally as often as necessary, but communications on important matters shall pass through the Chief Engineer, or copies be sent to him if they are not addressed to him.

15. All requisitions for projects shall be addressed by the Sanitary Commissioner to the Chief Engineer and not direct to the Sanitary Engineer

14. The Secretary shall summarise the opinion of the Board and the proceedings shall be recorded in the form of resolutions which will be signed by the President

15. All resolutions shall be published in the Mysore Gazette as soon as possible, after they are passed.

16. In the event of a difference of opinion among the members of the Board, the decision of the majority shall prevail the President having a casting vote, when votes are equally divided. But any member may record a minute of dissent and may require that the same be submitted with a copy of the resolution to which it relates, for the orders of Government.

17. Each authority executing any work on which the Central Sanitary Board have advised, shall, not later than 31st January every year, furnish information to the Central Sanitary Board, as to the progress made in the execution of each work together with explanatory remarks in case of delay or failure to carry out any of the estimates. Such statement shall be incorporated by the Sanitary Commissioner, in the Annual Sanitary report submitted to Government.

18. The Sanitary Engineer shall through the Chief Engineer furnish a similar report to the Central Sanitary Board, in respect of the estimates falling under his jurisdiction.

Offg Secretary to Government.

Confidential

1915

From

The Deputy Commissioner
Chitaldrug District.

To

The Secretary to Government
General & Revenue Depart
Bangalore.

Dated 13th January 1915

Despatched }

Received

General No. S 306

No.

Enclosure No. One

Submitting a note drawn up by the undersigned in the matter of the papers re the reorganisation of the Health Department

GPB—50.000—26-9-12

Confidential

Office of the Deputy Commissioner,
Chitaldrug District.
Dated Chitaldrug, 13th January 1915.

From

V. R. Thyagaraja Iyer Esquire M.A.,
Deputy Commissioner,
Chitaldrug.

To

D. M. Narasinga Row Esquire B.A.,B.L.,
Offg: Secretary to the Government of
His Highness the Maharaja of Mysore,
General and Revenue Departments,
Bangalore.

S I R,

With reference to your official Memorandum No.4586-98/Sanity. 86-13 dated 10th December 1914 and also your subsequent letter No.5142-54/Sani.86-13-3 dated 2nd January 1915 re the papers on the re-organisation of the Health Department, I have the honor to enclose herein a note drawn up by me in the matter.

I have the honor to be,
S I R,
Your most obedient servant,

Deputy Commissioner,
Chitaldrug District.

S.V.

Enc to San 86-13-4

140

N O T E.

The Government Official Memorandum dated 10th December 1914 calls for an expression of opinion on the suggestions made in the collections of papers and also for a self-contained scheme if possible. I have contented myself with an expression of opinion on the schemes on record.

2. There is at present a District Sanitary Officer for the Chitaldrug District. By making him the Vice President of the Sanitation Committee of the District Board and also Secretary of Personal Assistant to the Deputy Commissioner in the Sanitary Department, his utility will be greatly enhanced if his touring is not thereby interfered with. Further he should not be asked to go to every place where a Cholera or Plague case occurs.

This should be primarily attended to by Sub-Assistant Surgeon or the Taluk Sanitary Inspector who at present is mostly occupied with Sanitary Engineering works and the District Sanitary Officer should be asked to deal only with a serious outbreak.

3. The Sanitary Commissioner in the course of his note says that " the District Head Quarter towns not to speak of rural areas are sadly wanting in even the barest Sanitary essentials such as the existence of sources of supply of wholesome water &c."

This is true and I would respectfully suggest that more attention should be paid to practical work of the above kind and to amending the Law regarding Sanitation after providing facilities for complying with the Law.

C h i t a l d r u g.
13th January 1915.

Deputy Commissioner.
Chitaldrug District.

S.V.

**Department of Public Health in Mysore.**

Reg June 1911

D 4695

OFFICE OF THE SANITARY COMMISSIONER
WITH THE GOVT. OF MYSORE.

*Bangalore, dated the* 26th *January* 1915

No. 3402
Enc. one

Sany 86-12-86-5

*From*

Rao Bahadur T. V. ARUMUGAM MUDALIAR. Esq., M.B.C.M.,
*Sanitary Commissioner with the Government of*
*H. H. the Maharaja of Mysore,* ***BANGALORE.***

*To*

D.M. Narasinga Rao Esq., B.A., B.L.,
Secretary to the Government of His
Highness the Maharaja of Mysore,
General & Revenue Departments,
B a n g a l o r e .

*Sir,*

With reference to your office memorandum No. 4586-90 Sany. 86-12-2 dated the 10th Ultimo, I have the honor to forward herewith copies of the Notes furnished by Messrs. R. Subba Rao and J.V. Karve on the subject of the re-organisation of the Health Department. For myself I have nothing to add to the recommendations already made in my Note, copy of which forms one of the enclosures to your office memorandum under reply.

I have the honor to be,

S i r ,

Your most obedient servant,

T.V. Arumugam

Sanitary Commissioner.

P.H.

Department of Public Health, Mysore

From

THE SANITARY COMMISSIONER
IN MYSORE, BANGALORE.

To

The Secretary to Govt.
Genl & Rev Depts

Dated 26 JAN 1915.

Despatched

Received

General No. 3402
No.

Enclosure No. One

SUBJECT.

Submitting notes drawn up by Messrs. J. V. Kaive and R. Subba Rau on the subject of the re-organisation of the Health Department.

Note dated the 16th January 1915
by Mr. J.V. Karve.

---:O:---

Encls Sany 86. 13. 865

Certain suggestions as to reforms in the present District Sanitary Administration.

---

I. The District Sanitary Officer.

He should be the adviser of and assistant to the Deputy Commissioner in all sanitary matters. One of the most important duties of the District Sanitary Officer is in connection with vital statistics. At present the compilation of vital statistics is done in the Local Fund Branch of the District Office. When the District Health Officer takes this important branch of work, he would have to provided with a statistical clerk.

II. The District Sanitary Assistant.

For big Districts like Shimoga, a qualified Sanitary Assistant is very necessary. This Officer may be either a Sub Assistant Surgeon 1st Class or a senior Sanitary Inspector on a pay of Rs. 60 to 80. Such a man would in addition to supervising vaccination help the District Sanitary Officer in other spheres of work.

III. Vaccinators.

The present class of low paid, indifferently educated men can never do satisfactory vaccination work. Vaccination though it is a minor operation, requires great care and an amount of skill both of which in spite of repeated teaching, the present class of vaccinators are incapable of bestowing

bestowing. I am in favor of gradually doing away with these men and appointing in their stead Sanitary Inspectors. If the present vaccinators are to be retained, they should be given a pony allowance of Rs. 8/- each as in the Bombay Presidency.

IV. Sanitary Inspectors.

A larger number of these men would have to be given for each taluk. For the present at least, a start should be made with two of these Inspectors for each taluk in addition to one whole time Inspector for each one of the towns having population of 5000 to 10000.

Shimoga District on account of its reputation for unhealthiness does not tempt men to take service there. Further, strangely, it is by no means a chief place. It may be that if a more liberal allowance is offered, men might be forthcoming. I would suggest a malnad allowance of Rs. 5/- for each Sanitary Inspector and an increment of Rs. 2/- in horse allowance. It is further necessary to give each Sanitary Inspector a peon.

The Sanitary Inspector must be entirely divested of his duties as work inspector. He should be a whole-time Sanitary Inspector. While he is the subordinate of the Amildar, his relationship with the Sanitary Officer should be the same as that of a Police subordinate with the District Superintendent of Police.

V. The Sanitary Officer and the Amildar.

When the Sanitary Officer becomes the office Assistant of the Deputy Commissioner it naturally follows that the Amildar is the subordinate of the Sanitary Officer in all sanitary matters, as in

in the case of the Police Department.

VI. Laboratory to the Sanitary Officer.

The Sanitary Officer in addition to his routine work has to take research work There are a number of local problems which are well worth investigation. A small laboratory would have therefore to be attached to each Sanitary Officer. The fact that certain Sanitary Officers who have been supplied with research outfits, have not shown any work does not seem to be sufficient reason for others not being supplied with such outfits. The cost of a portable laboratory with microscope etc., would not I believe be more than an initial outlay of Rs. 2000 and a recurring expenditure of Rs. 100 per annum. I would urge therefore the grant of laboratory to each Sanitary Officer.

Conclusion.

In submitting the above suggestions I have not attempted to say, anything more than what has been so well described in your note. One thing however in passing I may submit that until and unless the Amildar who is all powerful in the taluk learns to realise that all Government Departments are working for the welfare of the people and it is his duty to cooperate and co-ordinate with the sister departments no progress is possible. I hope that when this officer is placed under the Sanitary Officer rural sanitation would make rapid progress.

" Copy "

J. H. Hunnuggus

Sanitary Commissioner.

P.M.

Note dated the 16th January 1915
by Mr. P. Subba Rao.

---:O:---

The Whole-time Sanitary or Deputy Sanitary Commr.

It is sufficiently well recognised, that the sole executive authority for sanitary operations in the District is the Deputy Commissioner, in any one of his diverse capacities. The chief difficulties, that heads of Districts have in inaugurating and ensuring continuity in sanitary improvements, are lack of funds and want of time to devote to this work. Appropriate annual grants from provincial funds will to some extent remedy the first and appointing the District Sanitary Officer, the Deputy Commissioner's assistant in certain branches, effectually remove the existing disabilities of officers of the Sanitary Department - provided this involved their being vested with sufficient prestige and authority.

It will be the duty of the District Sanitary Officer to check, supervise or carry out such measures as may have been sanctioned, and bring to the notice of his chief such others as require being taken up. Any extensive control of the Sanitary Officer's work, movements or programme by an officer who is not of the Municipality or District Board or who does not bear the same relation to the Deputy Commissioner as the Heads of some Departments like the Conservator of Forests or Inspector General of Police, seems to be fraught with practical difficulties which could doubtless be conceived.

A large proportion of sanitary work is done

done by Medical Officers in charge of the several Local Fund Dispensaries throughout the State. This is entirely beyond the scope of their regular duties and has in no manner been recognised. With the advent of a Full-time Sanitary Commissioner unconnected with the Medical Department, all this will doubtless cease.

The attractive list of duties of the whole-time provincial officer whether Sanitary Commissioner or Deputy Sanitary Commissioner, does not come within the range of practicability in the near future. It should not be forgotten that the sanitary problems of Districts are not of that complexity that require the weighty opinion of a very highly placed official. More often than not the question is whether a particular sum should be spent on a well in one or the other village, where an extra Dispensary is most likely to be useful, whether a particular union ought to engage a couple of sweepers or not, whether rank vegetation in a locality could or could not be cleared during the course of the year, how best the beneficial results of sanitation could be brought home to the people etc. The Sanitary Officer, who would require perpetual instruction on such items, has no right to exist. Nevertheless, the ultimate aim is, it must be admitted, to frame an intelligent programme of sanitary effort in Districts and to develop an administrative policy calculated to secure effeciency in the means and methods of work. The District Sanitary Officer ought to be trusted to carry on the local inspections, secure the accuracy of vital statistics, and generally gather all the material needed on which the sanitary programme could be based. The func-

functions of the Sanitary Commissioner or Deputy Sanitary Commissioner would then rightly be restricted to review the materials placed before him, suggest modifications in the line of work and issue such other professional instructions as might be necessary, to ensure uniformity in Sanitary Administration. Inasmuchas the execution of no part of the sanitary programme falls to the share of the Sanitary Commissioner or the Deputy Sanitary Commissioner, who merely indicate the lines on which such programme may be based, the existing arrangements in regard to Ex-officio Sanitary Commissioner and Deputy Sanitary Commissioner seem to meet all requirements likely to arise in the near future.

Research Work

The question of organising research work is an urgent one, the cost of neglect whereof both in lives and in money will vary directly as the period during which it is deferred. Large tracts of the country have been devastated and the process is going on now worse than ever. Considerable funds could only be wasted unless carefully spent on well established remedies. The research work however could form an integral part of the Public Health Institute working independently of the District Sanitary Administration. The co-operation of District authorities could be enjoined by Government in those localities where research work was proceeded with. The Public Health Institute will doubtless require being strengthened by additional hands for this special work.

The District Sanitary Officer,

Taluk Boards and Unions.

Taluk Boards and Unions.

The interference by the District Sanitary Officer as such with the working of these bodies could not for a moment be entertained. But there is no reason why he should not be created President of these Boards and the Amildar the Vice-President. The Local Board Regulation deals almost entirely with the sanitation of an area, but an enquiry into to what extent the funds of these bodies have been utilised towards works of a strictly sanitary nature will reveal an unedifying state of things That the Vice-President viz. Amildar ( as proposed herein ) will allow undue diversion of funds from other obligations of these bodies is not likely, while the Sanitary Officer as President, though but rarely presiding at meetings, would still be conversant of the financial condition of these boards and would be in a position to place his views before the District Board, when each question came up for sanction.

Taluk Municipalities.

The Amildar is the Vice President and the Deputy Commissioner the President. In some instances the Assistant Commissioner in charge of the Sub Division is the President. If the hopelessly insanitary condition in these Municipalities is to improve at all, it seems to be necessary that the Sanitary Officer have a hand in their administration. There cannot be any difficulty about his being created Senior Vice President in the first instance quoted above and President in other places. The Deputy Commissioner could undoubtedly impose necessary check on any attempt at one-sided activity.

activity.

District Municipality.

It does not seem desirable to interfere radically with experiments that are now being tried in several District Municipal Towns. The District Sanitary Officer is Ex-officio member of the District Municipality and is usually in touch with all that is going on. To keep him on a level with his position in other Municipalities, he might be created Secretary to the President of the District Municipality.

The District Board.

The duties of the District Board involve works, which fall mainly within the sphere of either the Engineer or the Sanitarian. Major Engineering works are carried out by the Public Works Department and all others by the staffs of the District Board or subordinate Boards. No trouble has yet arisen out of a Revenue Officer who is versed neither in Engineering nor sanitation being the President of the District Board. Why any practical difficulty should be apprehended out of the Sanitary Officer being created Vice President of the District Board under the control of the President is not sufficiently clear. As before, the Public Works Department will carry out their branch of work, while the other branch will be bound to receive more attention than before. Items of work that fall under neither of these heads are but few and do not seem to be beyond the scope of any one who possesses common sense, which is not the special prerogative of any particular Department. It should be carefully noted that no

no part of the District Board's activity need to be exercised at the District Head Quarters and a stationery officer who is Vice President does no more than attend to office work. The desirability of a touring officer promoting the activities of the District Board throughout the District seems to be undeniable.

It is a charge frequently levelled at the Sanitary Officer that he has not proved sufficiently persuasive and that he is fond of trying to push through impracticable schemes on the District or other Boards. The latter charge is untenable as no one is so fully cognisant of his own helplessness and incompetence to push through any scheme at all, at present, as the District Sanitary Officer himself. With regard to persuading the various local boards or village authorities to taking up sanitary reform, it should be remembered that the efficiency of persuasion is directly as the authority wielded by the individual who tries to persuade. The less directly connected with the general administration, the less the heed paid to all efforts at Reformation unless the area taken up is excessively small and the individual works there in a private capacity as a Missionery in sanitary matters. This is undoubtedly most desirable but it ought to be the endeavour of the Sanitary Officer to organise the aid of such men instead of his taking it up, as his sole task, considering the extent of each District and the ~~shot~~ short period that he is likely to spend at each part of it. The above suggestions giving the ~~Dist~~ District Sanitary Officer a definite place in all local bodies, Municipalities and District Board

Board will do away with the necessity of having to define his relationship with the Taluk and Village Officers. It will involve no increase in staff, a branch of the Deputy Commissioner's large establishment working under him. For obvious reasons the question of salary etc of the District Sanitary Officer will not be discussed. But if it was strictly necessary to define what qualifications are required, the B.S.Sc. or B.Hy. of an Indian University or at least the foriegn D.P.H. qualification might be mentioned.

Sanitary Improvements: continuity therein: Agency: Sanitary Laws etc.

The Municipal Regulation, the District Board and Local Board acts and the village sanitation rules have practically been dead letters. It is needless to enquire why. How far and how long Government will be able to subsidize District Boards to fulfil their own responsibilities is open to question. In the same manner it does not seem possible that District Boards could be perpetually using their resources in attending to that work, which naturally ought to fall to the share of the individual. It is therefore necessary that Government took steps to awaken these Boards to a full sense of their responsibility remedying urgent defects themselves at the expense of the Boards. When once the District Board realised that their shortcomings would redound on themselves, it is not too much to hope that they in their turn would take measures to prevent as far as possible a recurrence of such instances.

The great obstacles for the effective usage of the sanitary clauses in the various regulations, acts and rules are undoubtedly the dearth of

of Magistrates on the one hand and a prosecuting agency on the other. That the village patel would conduct such prosecutions is an unlikely contingency. That a Sanitary Inspector in charge of a couple of hundred villages could do it seems to be equally hopeless. The question of whether a sufficient number of Honorary Magistrates for enquiry into such cases at suitable centres, is available is open to considerable doubt. It cannot be denied that the general progress has not advanced thus far. The feasibility of vesting therefore summary magisterial powers in the Sanitary Officer seems to be the only way out of this impasse.

The suggestion once already made about the appointment of village sanitation gang seems to deserve some consideration. Organised and systematic improvement would then be possible, while defects directly traceable to shortcomings of the local board, could forthwith be remedied.

Sanitary Boards.

The institution of Sanitary Boards seems to involve considerable delay and hardly is appropriate for works other than those that involve the expenditure of considerable funds.

Vaccinators.

It does not seem to be sufficiently well recognised how vexatious the work of the Vaccinator is and how hopeless it is bound to be to secure an officer of the grade of Sub Assistant Surgeon ~~to~~ to attend to this branch of public service in villages. The placing of vaccinators directly under Amildars, will be very opportune, as the reduction of their menial establishment seems to be

be under contemolation.

Vaccination Inspection

The proper supervision of vaccination involves the devoting of large portions of time on a comparatively simple matter. It will not be using the District Sanitary Officers or Sanitary Inspectors in the most advantageous manner, if the entire inspection of vaccination had to be done by them. Even with whole-time Inspectors of Vaccination, it has not been found possible to ensure the inspection of that proportion of vaccinated cases that is desirable or promote vaccination work to that extent which would ensure immunity from an epidemic of any considerable magnitude.

" Copy "

Sanitary Commissioner.

P.H.

1914 15

From B Ramaswamaya Esq
Atg. Deputy Commissioner
Hassan District

To D M. Narasinga Rao Esqr
Atg. Secretary to the Govern
His Highness the Maharaja of
General and Revenue D

Dated 26th January 15. Bangalore

Despatched

Received

General No. 58
No. Camp

Enclosure No. Nil

---

Subject

Submitting an expressi
of opinion in the matter
of the reorganization of the
Health Department with
Special reference to the wo
of the Department in
improving Sanitation in
the Districts.

1914-15 [redacted]

Office of the Deputy
Commissioner Hassan District.
Dated Camp Yesla 26th
January 1915

D 4741

From

B. Ramaswamaya Esqure BA. BL
Officiating Deputy Commissioner
Hassan District

To

D M. Narasinga Rao Esqure BA BL
Officiating Secretary to the Government of
His Highness the Maharaja of Mysore
General and Revenue Departments
Bangalore

Sir,

With reference to your offical memo No. 4586-93/Sang. 86-13 dated 10th December 1914, and subsequent letter No 5-142-54 dated 2nd January 1915 calling for an expression of opinion

in the matter of the reorganization of the Health Department with Special reference to the work of the Department in improving Sanitation in the Districts, I have the honor to submit the following few observations.

2. The existing arrangement of the Senior Surgeon being also Ex-officio Sanitary Commissioner is a satisfactory arrangement and is answering the requirements of the Sanitary Department well, and it may be allowed to continue. It is, however necessary that he should be assisted by a Sanitary expert of high Standing, who may be designated the Deputy Sanitary Commissioner. The Sanitary Commissioner will be the head of

the

the Department and the final authority in sanitary matters, but owing to his being the head of the important Medical Department, it is obvious that he will not be able to spare the time or devote the necessary attention to all the details of the working of the Sanitary Department. It will therefore be the whole-time Deputy Sanitary Commissioner who will be responsible for the proper working of the Department, looking for instruction and advice to the Sanitary Commissioner.

3. The time has also now arrived when each District should have a whole-time Sanitary officer designated the District Sanitary officer. He must be an officer with University qualifications and of a rank equal to that of District Medical officers. It is essential that the District Sanitary Officers

Should

should work directly under the instructions of Deputy Commissioners their diaries and reports being forwarded to the Deputy Sanitary Commissioner through the Deputy Commissioners of Districts In fact it is only by making these officers, So to say, Assistants to the Deputy Commissioners in the Municipal and Sanitary Departments that any real work can be done by them in the present state of district administration, and the Constitution of the local and Municipal bodies For some time at least, till the Department establishes itself and proves its power of doing effective work, and the public also come to realize the usefulness of the Department, it will be very necessary that

that it should have the support of and be guided by the District Revenue Officers who are entrusted with the general administration of the District. It is recognized that where Cooperation of the people in any measure is required it is the officers of the General ie, the Revenue Department who are best able to secure such Co-operation, and Success in sanitary measures depends largely on the Cooperation of the public and of the local and Municipal bodies.

4. Similarly, passing down to the next lower unit of administration, Viz, the Taluq, it is necessary that each Taluq should have a sanitary Inspector and one or more Assistant Sanitary Inspectors according to the size and importance of

of the Taluk. Their services will be utilized by the Amildars in practically the same manner as that of the District Sanitary Officers by the Deputy Commissioners. The Sanitary and Assistant Sanitary Officers will be subordinate to the District Sanitary Officer to whom their diaries and reports will be submitted through the Amildars and whose instructions they will duly carry out. The District Sanitary Officer will during the Course of his tours in the Talugs Scrutanize the work of the Sanitary and Assistant Sanitary Inspectors and issue needful instructions to them.

5. The Officers of the Sanitary Department

Department in the District [redacted]
will be advisors to the Local and
Municipal Boards in their respective
areas. They must distinctly realize
that though they are not clothed
with any authority over the work
of these bodies, it will be their duty
to place their advice and also their
Services when necessary, ungrudgingly
at the disposal of such Local
Boards and Municipalities of which
they will be ex-Officio members.

6. As regards the work of Vaccination,
it seems to me that the present
arrangement of having Vaccinators
and Deputy Inspector of Vaccination
Separate, should Continue unchanged,
until at least some experience
is gained of the working of the
Sanitary Department as reorganized.
When the advisability of entrusting
these duties to the Sanitary Staff
may be Considered.

7 The duties to be assigned to the District Sanitary Officers and the Sanitary and Assistant Sanitary Inspectors may generally be as set out in paragraphs 8 11 and 12 of the Note of the Deputy Secretary to Government forming an enclosure to your memo under reply.

8 The Constitution, functions and powers of the Central Sanitary Board, as detailed in the set of draft rules received with your letter of the 2nd January 1915 — referred to above appear to be suitable for the purpose intended Viz; to enable that agency to take a direct part in the — Sanitary

Sanitary administration of
the State

I have the honor to be

Sir,

Your most obedient Servant

Officiating Deputy Commissioner
Hassan District

1915 No 169

From

The Deputy Commissioner
Kadur District

To

The Secretary to Government
General & Rev. Depts
Bangalore

Dated
Despatched 12 February 1915.
Received

General No. 362
No.

Enclosure No. 4

---

Requests to order the supply of 2 copies of G.O. Nos 4586-98 Sanity 86-13 dated 10.12.1914 and No 5142-54 Sanity 86-13-3 dated 2.1.1915 respectively

D 5095

Sany 86 - 13 - 7

Deputy Commissioner's Office.

Kadur District.

Chikmagalur, 12th February 1915.

From,

K. Krishna Iyer, Esquire.,

Deputy Commissioner, Kadur District.

To,

D. M. Narasinga Rao, Esq., B.A., B.L.,

Offg. Secretary to Government,

General & Revenue Departments,

Bangalore.

Sir,

Adverting to the file of papers sent to me for opinion with your office memos nos. 4586-98 San. 86-13 dated 10th December 1914. and 5142-54 Sanity 86-13-3 dated 2nd January 1915, respectively, I have the honor to state that I am studying the question in its practical aspects specially with reference to the local conditions in the Malnad parts of my District and will submit, in due course,

my

my Suggestions in the matter

Meanwhile, I would Suggest that two more Copies of the Same may be furnished to me for dis-tribution. One to the Special Revenue Officer, Malnad Improvement Com-mittee Hassan and Kadur Distncts and one to the Superintendent, A.E and I, for Kadur District, as the problem is one intimately Connected with the work of each of these Officers and as they would have Special opportunities for making a first hand Study of the Conditions of the Malnad.

After receipt of their views and a full discussion of the Subject with them I will be in a position to offer a tentative Scheme for the improvement of Village

Sanitation and the powers and responsibilities to be delegated to the Sanitary Department, in that behalf

I have the honor to be,

Sir

your most obedient Servant

Deputy Commissioner,

Kadur District

G. R. S. 26]

File No

Serial No

*Diary No. of letter replied to* 5295

No. 6716
Sanitary 86-13
dy 27.2.15

General and Revenue Secretariat
( Sanitary )
*the* 191

To

The Deputy Commissioner
Kadur District

Date of issue 27.2.15

Signed by M. G. Srinivasa Iyer

Sir,

With reference to your letter No. 362 dated the 12 February 1915 requesting the supply of extra Copies of the Collections of papers relating to the reorganisation of the public Health department, I am directed to state that copies of the same are not readily available and that the Special Revision, M.D. and the

over.

SUBJECT.

[redacted]

Sir Thomas Lindsay K.C.I.E. from the [redacted]
allowed the use of
may be [redacted] the file of letters
sent to you on the subject.

I have the
Govt
for offering

*List of enclosures.*

*Copied by*

*Examined by*

GPB—25,000—8-8-11.

D 5336

OFFICE OF THE REVENUE COMMISSIONER
IN MYSORE,

*Bangalore,* 24th February 1915.

**No.** 1049

**FROM** Sang 86-13-9

K. Doraswami Iyer Esquire,

*Revenue Commissioner in Mysore.*

**To**

*The Secretary to the Government of*
*His Highness the Maharaja of Mysore,*
*General and Revenue Departments.*

**SIR,**

Referring to your Official Memorandum No. 4586-98/ San. 86-13-2 dated the 10th December 1914 forwarding for opinion a collection of papers on the re-organisation of the Health Department in the State I have the honor to enclose herewith a Memorandum of my views on the subject.

I have the honor to be,
Sir,
Your most obedient servant,

Revenue Commissioner.

R.S.

MEMORANDUM.

Encl to Sany 86/13

A whole-time Sanitary Commissioner is necessary. A District Sanitary Officer for each District is necessary also. The District Sanitary Officer can well be the Vice President of the Municipality and the Local Board working in complete subordination to the Deputy Commissioner. His duties at Head Quarters cannot absorb all his time and can be so arranged as to allow him sufficient time for touring over the District. There ought to be an adequate staff in each District under the District Sanitary Officer. The suggestions of the Board should be communicated to the Deputy Commissioner and not directly to any member of the District Sanitary Staff// In case of a difference of opinion between the Deputy Commissioner and the Board a reference to the Government should be open to either.

Revenue Commissioner.

D 5841 Urgent

CONFIDENTIAL.

Office of the Deputy Commissioner,
Bangalore District.
Dated Bangalore, 17th March 1915

No. S.551.
C.1

San 86-13-11

From

K.Chandy Esq., B.A.,
Deputy Commissioner,
Bangalore District.

To

D.M.Narasinga Rao Esq., B.A., B.L.,
Offg:Secretary to the Government of H.H.
the Maharaja of Mysore, Genl. & Rev.Depts.

Sir,

With reference to your Office Memorandum No. 4586-98/Sanity 86-13 dated 10th December 1914, regarding the re-organization of the Health Department in the State, I have the honor to submit herewith my note on the subject.

I have the honor to be,
Sir,
Your most obedient servant.

K. Chandy

Deputy Commissioner,
Bangalore District.

Kcm

L.S.R.
1.

GPB—100,000—26-7-14

From K. Chandy Esqr B.A.
The Deputy Commissioner
Bangalore Dist

To D. M. Narasinga Rao Esqr
Secretary to the G.A.B.G.
Genl & Rev. Departments
Bangalore

Dated 17th March 1915

Despatched

Received

General No. S. 557

No.

Enclosure No. 1

---

Subj. the Deputy Comm's note on the subject of the re-organisation of the Health department in the State.

En to San 86-13-1/ (17)

**NOTE ON THE REORGANIZATION OF THE HEALTH DEPARTMENT.**

-oOo-

When formulating proposals for reorganizing the Department, the following essential principles have to be borne in mind:-

1. It will be a costly mistake to form a Department anf formulate measures that are far above the comprehension of the people for whose benefit they are intended.

2. The Health Department may roughly be divided - for purposes of organization, - into the Scientific and Technical, and the purely scavenging branches. It will be found to be the simplest plan to have separate men for these two branches, with a common Head. The investigation and prevention of Malaria, the Malnad Depopulation question are the most pressing matters for the former, and general improvement of the level of sanitation in villages and towns of the latter.

3. As the Head of the Medical Department has his hands already full, and the work in the Department will steadily increase, and as a full time officer will be able to devote undivided attention to the work of the Department, it is necessary to appoint a full time Sanitary Commissioner. (I should note here, in passing, an account of the great importance of the subject, that it is hoped that in his case, the view which is peculiar to the Mysore State, and of recent developments, of considering that Heads of Departments are ipso facto

ipso facto placed over Deputy Commissioners, or are at least superior in official status to them, will not be repeated. This attitude can easily be shown to be a fallacy of recent date, but it has already had harmful effects. If it is likely to be repeated as regards the Sanitary Commissioner, I would strongly note against another Head being created.).

4. The Revenue Department is in greater touch with the ryots than any other Department can be, and it appears to be wise policy to associate the -- Revenue Officers with the ordinary sanitary work of the Department; after the village become more accustomed to sanitation, the Revenue Officers, who are already overworked may be relieved of these duties.

With the above observations I shall, briefly note on the various proposals.-

SANITARY COMMISSIONER.

1. As in Madras, a whole time Sanitary Commissioner may be appointed.

HEALTH INSTITUTE.

2. The Sanitary Commissioner should be the Ex-Officio Director of the Health Institute with an expert assistant or perhaps two assistants to carry on routine work and investigations. The Institute should conduct original research work, the result of which should be communicated to District Sanitary Officers; the more capable -- District Sanitary Officers should also themselves undergo training for some time in Laboratory work. The Health Institute should primarily investigate methods for eradicating Malaria and preventing Malnad depopulation and evolve practicable schemes

schemes for being carried out by the ordinary sanitary agency or by the technical experts that may be attached to the Institute. It should also publish bulletins on Health subjects.

CENTRAL SANITARY BOARD.

3. The Central Sanitary Board may be reconstituted and the following members may form the Board:-

1. Revenue Commissioner,
2. Chief Engineer,
3. Sanitary Commissioner - Secretary,
4. Sanitary Engineer,
5. The Deputy Commissioner, of the Bangalore District, or the senior Deputy Commissioner.

All Sanitary schemes costing Rs.10,000/- and above should be referred to the Board. Government may also consult the Board as regards all important questions of policy in Sanitary Administration.

DISTRICT SANITARY OFFICERS.

4. The necessity for appointing District Sanitary Officers, one for each District need not be urged as all agree to the proposal. They should be subordinate to the Deputy Commissioners in all except Scientific and Technical matters, in which they will be advised by the Sanitary Commissioner. They may be appointed as Sanitary Assistants to the Deputy Commissioners just like ~~to~~ the District Superintendent of Police and others, and should also serve as Secretaries to the Sanitary Committees of the Districts. It may perhaps be necessary to appoint them as Vice Presidents or the District Board and Municipal Boards; but in this case their functions should strictly be limited to Sanitary

Sanitary matters, and well defined. It may perhaps be simpler to legislate so as to give them extraordinary powers in cases of emergency and leave ordinary Sanitary Administration to men on the spot. It should be their duty to supervise the work of Sanitary Inspectors. They should be responsible for a correct compilation of vital statistics. The rural midwives, if any, and -- Vaccinators may be placed under them. They may perhaps be equipped with an up to date travelling Dispensary for treating simple diseases as this will make them more popular with the ryots. As noted above these officers will ordinarily be expected only to improve the general level of sanitation in urban and rural areas and fight Epidemics, and theye should be separate highly trained experts under the Sanitary Commissioner engaged on more technical work, and who may also be deputed on occasions to help the Sanitary -- staff.

SANITARY INSPECTORS.

5. It is somewhat difficult to fix the place of the District Sanitary Officer in the Local Board and Municipal Bodies, which work under Enactments, and to fix the respective powers of the Amildar and the District Sanitary Officer over the Sanitary Inspectors. It is possibly best as noted supra, to appoint the District Sanitary Officer as an assistant of the Deputy Commissioner for Regulation Municipal Councils and an extra Vice President and an Assistant of the President for Non-Regulation Municipalities and rural areas and to place all Sanitary Inspectors under him. The dual control by the Amildar and himself need not cause friction, if men with

with some tact are appointed in the first instance. The Sanitary Inspectors should submit their diaries to him through the Amildars, and when the District Sanitary Officer is in a Taluk, should be under his orders. I am also in favour of a small gang (of actual workers) being placed under the Sanitary Inspectors for a limited period, to begin with. This gang, when not employed on epimedic duty and at Jatras, may be utilized for thoroughly cleansing a few typical villages to serve as models to themselves and surrounding villages. It may be possible later on, if the gang does good work, to make it pay a charge on the Village Improvement Committee. I am not in favour of giving enhanced penal powers as suggested by the Deputy Secretary, except perhaps as regards epidemics, as I do not believe in sanitary improvement by the rod.

APPOINTMENT OF DISTRICT BOARD ENGINEERS Etc.

6. This is under the consideration of Government. If the scheme is sanctioned, the supervision of Local Board and Municipal works will fall upon this staff, and the Sanitary and Assistant Sanitary Inspectors will be relieved of that portion of the work and can devote their time and attention to urban and rural sanitation. I hope that the Government will kindly sanction these proposals at an early date.

MIDWIVES.

7. The present staff of midwives may with advantage be given a course of training in vaccination, and those that are not attached to Hospitals may be placed under the District Sanitary Officer. Suitable candidates may be given scholarships and given training in midwifery and vaccination.

Vaccination. Those not provided with appointments, may be allowed to practise privately, a scale of fees for their services being fixed by Government, but as the present staff is absolutely inadequate to cope with the work, as there soon should be one midwife for each Hobli, it should be possible to give appointments to a much larger number of midwives. If the District Sanitary Officers cannot conveniently be given sufficient training to supervise the work of midwives, the latter must continue to be in the Medical Department; but as the District Sanitary Officer is a constantly touring officer, he will be able to exercise better supervision.

EDUCATION.

8. The District Sanitary Officers should arrange to instruct villagers in sanitation by means of Lantern lectures, by distributing leaflets in easy vernacular, and by holding lectures during the times of Jatras, Fairs and Festivals. The Inspector General of Education may also be moved to include easy lessons on Sanitation and Health in the syllabus of all Village Elementary Schools.

DISTRICT SANITARY COMMITTEES.

9. This question has already been dealt with by the Local Self-Government Committee and needs no coment. It is desirable to appoint these -- committees early.

FINANCE.

10. As it will be a hardship to saddle the local bodies with the full pay and allowances of the Sanitary Inspectors and Assistant Sanitary Inspectors, the Government may very well

well pay them a grant-in-aid or one half the cost. The savings caused by this may with -- advantage be used by the Local Bodies to some other useful purpose. The only way to improve rural and urban sanitation is to make a fixed annual contribution from Provinciapl Funds to Local Bodies, so that a regular programme of works can be undertaken year after year. At present the Government is generously granting a contribution of one half of the cost of sinking -- wells etc. and in Madras, Government are contributing half the cost of Sanitary works.

PATELS'SCHOOLS.

11. The District Sanitary Officer may also call up to Head-quarters batches of Patels, and give them a thorough training in Sanitation and Hygiene. A contribution from Provincial Funds will be necessary for this also, but it will be money well spent.

K Beaudy

Deputy Commissioner,
Bangalore District.

L.S.R.
2

180

G. R. S. 26]

File No. 86-13

Serial No. 12

*Diary No. of letter replied to*

No. 93

General and Revenue Secretariat

( )

*, the* *191* .

To

The First Asst to the
Hon'ble the Resident in
Mysore

Date of issue 24-2-15

Signed by

Asst to

Sir

I am directed to
state that the Durbar
desire to have for reference
a complete set of orders
and rules issued by the
Govt of India and the
several Local Govts relating

*over.*

SUBJECT.

of the organisation and working of the Sanitary Dept in connection with the Question of reorganisation of the Public Health Dept which is under the consideration of the Dunbar and of request you of the to obtain for the use of the Dunbar a full set of the publications referred to above

I have &c

Dr G H Leys

24/3/15

*List of enclosures*

*Copied by*

*Examined by*

GPB—25,000—4-8-18

Confidential D 6420

No. C.90 OFFICE OF THE INSPECTOR GENERAL OF POLICE IN MYSORE. 1982

Encl.

*Dated* Bangalore, 13th April *191* 5.

From San 86-13-13

**Diwan Bahadur C. SRIKANTESVARA AIYAR, B.A., B.L.,**

*Inspector General of Police in Mysore.*

To

D. M. Narasinga Rao, Esqr., B.A. B.L.,

Offg. Secretary to the Govt. of H. H. the Maharaja

of Mysore, General and Revenue Departments.

Sir,

With reference to your office Memorandum No.4586-98 San. 86-13-2 dated the 10th December 1914, calling for opinion on the proposals for the re-organization of the Health Department, I have the honour to state that I have gone through the papers very carefully, and with the experience of the working of the Department while Deputy Commissioner of the Kolar District and President of the Kolar Gold Fields Sanitary Board, which, unlike our other various local Boards, has a fair income of its own, I can safely venture to say that we utterly lack in sufficient funds for anything like a satisfactory working of a separate Sanitary Department, so as to do real good in improving the sanitary condition of our State, a major portion of even the present slender resources being consumed by establishments considered in some quarters quite out of proportions to the benefits accruing therefrom. In the absence of enough of money things are bound to drift. And what is now urgently wanted is the strengthening of the Department from below and setting free more of energies and funds so as to ensure actual work. It therefore appears that things may be allowed to go on as now, getting as much work as possible from the existing body through the agency

of the Revenue Department, the Sanitary Department being merely a consultative and advisory Department.

Under the existing conditions and when no decent separate Budget is possible for the Sanitary Department, the Health Officer should merely advise the Deputy Commissioner, who in his turn should hold himself responsible for efficient sanitary work in his District, with the available resources at his command.

During my recent tours throughout the State, I have taken some pains to consult and consider local conditions, and nowhere could I find signs of the necessity or yearning for the creation of a separate Health Department, which on the contrary is feared, under present circumstances, might only further impede what work has now been possible, as mere advisors at the top cannot act without the limbs and would only clog progress.

I have the honour to be,

Sir,

Your most obedient servant,

V. Sivakamaraja

Inspector General of Police.

D6623

1814

It is requested that in future communications on the subject, the No. and date of this letter, and the distinguishing letters below the number as given opposite, may be quoted and addressed to the Comptroller, Mysore Government.

communications J. No. 86-13-14

No. 7803 S 1
1400

OFFICE OF THE COMPTROLLER, MYSORE GOVERNMENT,

*Dated Bangalore, the* 22nd April *191* 5.

FROM

Dewan Bahadur
J. S. CHAKRAVARTI, ESQ., M.A.,
F.R.A.S., etc.,
*Comptroller to the Government of*
*His Highness the Maharaja of Mysore.*

To

.....D.M. Narasinga Rao.....ESQ., B.A., B.L.,

*Secretary to the Government of Mysore,*

General & Revenue.....*Department.*s.

SIR,

With reference to his memorandum No. 4586-98 Sanitary 86-13-2 dated 10th December 1914, the accompanying note about the reorganization of the Public Health Department in the Mysore Province, is forwarded.

J S Chakravarti

Comptroller & Financial Secretary

to

Mysore Government.

Rec.—Gl. 17]

.....Department.

1915

FROM

J. S. CHAKRAVARTI, ESQ., M.A.,
F.R.A.S., etc.,
*Comptroller to the Govt. of*
*H. H. the Maharaja of Mysore.*

To

.....ESQ.,

*Secretary to the Govt. of Mysore,*

...Fin. & Rev.....*Dept.*

Dated

Despatched 23·4-15

Received

No. 7803 G1
R 4000

Subject matter.

Forwarded both Re. the Reorganisation of the P. Health Dept

GPB —1,500—21-9-11

Encl to San 86-13-14

(185)

## A scheme for the reorganization of the Public Health Department in the Mysore Province.

(1) I agree with the Deputy Secretary that the present arrangements regarding the appointment of Sanitary Commissioner are suitable and do not require any change. The Senior Surgeon's contention that a whole time Senior Surgeon and a whole time Assistant to the Senior Surgeon are required for supervising the few hospitals and dispensaries in the State, cannot, in my opinion, be admitted. The ultimate supervision of medical, jail and sanitation work for a State of the size of Mysore does not constitute too heavy a charge for a departmental head specially when there is a highly paid superintendent for the Bangalore Central Jail and a Deputy of high standing in the Sanitary Department in charge of technical and laboratory work. The fact that the Deputy Sanitary Commissioner in charge of the Public Health Laboratory cannot tour frquently is no disadvantage. The touring portion of the work may be done by the Senior Surgeon, who will, in many cases, combine his medical and sanitary tours. Laboratory work is highly specialised and the most suitable laboratory man is in many cases, not the most suitable field-man. In one case, what is necessary is highly specialized training and expert scientific knowledge. The necessities in the other case are a strong common sense,

knowledge of men and their habits and capacity for mixing with the people.

(2) I agree that as funds and qualified men are available, each district may have a separate sanitary officer. He should be the assistant of the Deputy Commissioner in the Sanitary Department and his office should be apart of the Deputy Commissioner's office.

(3) I am against Dr. Srinivasa Rao's scheme of a centralised provincial Public Health Department with executive functions independent not only of local bodies but of Deputy Commissioners also. As pointed out by the extraordinary member this scheme is opposed to the principles underlying the constitution of local bodies and it is, in my opinion, unworkable from a practical point of view.

(4) The function of the Sanitary and Deputy Sanitary Commissioners, the Public Health Institute and the Sanitary Board will not be executive. Their function will be to frame programmes of work in accordance with the policy laid down by Government to note and report to Government the progress made in respect of these programmes, to advise the executive on all technical matters and matters relating to higher laboratory work to carry on research and to review progress. The executive wo

of the department should be left entirely to the Deputy Commissioner ( acting either as the District Officer, the President of Local Boards or President of Municipalities). The District Sanitary Officer should be an assistant to him for sanitary work in all these capacities.

(5) I agree that more Sanitary and Assistant Sanitary Inspectors may be appointed as work develops and fund permits. The Local Funds Reorganization Committee have proposed that Local Bodies should spend more money on sanitation and with the liberal system of grant-in-aid proposed from the State Funds to Local Funds, it will be possible for Local Bodies to maintain a sufficient number of Sanitary Officials without a specific contribution of half the pay of such officials.

(6) The training of the Sanitary and Assistant Sanitary Inspectors is a most important point. In my opinion, it is very desirable to combine in this class of men medical and sanitary training. Medicine and sanitation except in their higher technical and specialised aspects are allied sciences. Both are connected with disease, one dealing with its prevention and another with its cure. I think it quite possible to start an Institution in Bangalore in

which taking up Lower Secondaries and High School Form boys up to School Finals and giving them 2 full years' training we can produce a class of men who may be turned " Hospital and Sanitary Assistants." These men should be able to treat simple medical and surgical cases and should also be fully qualified for ordinary sanitary work. The financial and other advantages of such combination will be obvious, e.g., in the case of an epidemic, a man can go at once with his medicine-box and his sanitary appliances and while treating the sick can at the same time, investigate and remedy the cause producing the illness. Vaccination and plague inoculation and treatment of infants should form part of their training.

(7) The class of men described above will not compete with or displace the present Sub-Assistant Surgeons. At present, thousands of villages in our poor country suffer from want of sanitary supervision and tens and thousands of people die in them for want of even the simplest medical treatment. The combination of medical and sanitary functions is suggested so that medical and sanitary help even though not of a superior kind, may reach the bulk of our population in the villages. Many a union which cannot afford to maintain a sanitary Inspector and a Sub-Assistant surgeon may be able to keep a " Sanitary and Hospital Assistant," of the kind mentioned and this, in my opinion, will

be a great boon to the population.

(8) I am also of opinion that in appointing District Sanitary Officers and Health Officers men having medical and sanitary qualifications combined should only be employed. In fact, if the above suggestion regarding "Hospital and Sanitary Assistants" be approved, the medical and Sanitary departments, from the "Senior Surgeon-Sanitary Commissioner" to the "Hospital and Sanitary Assistant" will work together hand in hand. There will be no fear of either branch of work being neglected, as each department will have its own programme of work and as the progress in respect of which will be watched and reviewed periodically. There will be economy and co-operation of work between the two departments. If the general principle be accepted details can be developed. The aim for the present, should be to have at every Hobli headquarter a man who can vaccinate, inoculate, treat simple cases and take such simple sanitary action as disinfecting a house or chemically purifying a source of water-supply. This does not appear to be financially feasible unless medical and sanitary qualifications are combined in one and the same person.

21st April, 1915.

J. S. Chakravarti

ma 2674

GPB—100,000—29-7-14

190

TV No. 24/4

1915.

From

The Deputy Commissioner
Kadur District.

To

The Secretary to Govt.
General & Rev: Depts
Bangalore.

Dated
Despatched } 22nd April 1915.
Received

General No. 92
No. Camp

Enclosure No. Nil

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Reports upon the re-
Organization of the Health
Department in the State

D 6622

Deputy Commissioner's Office.
Kadur District.
Camp Koppa, 22nd April 1915.

7 to 86-13-18

From.

K. Krishna Iyer, Esquire.,
Deputy Commissioner, Kadur District.

To.

D. M. Narasinga Rao, Esq., B.A., B.L.,
Offg. Secretary to Government,
General and Revenue Departments,
Bangalore.

Sir.

With reference to your Office memorandum No. 4586-98 Sanity 86-13 dated 10th December 1914, forwarding a collection of papers on the re-organization of the Health Department in the State and calling for Submission of a Self Contained Scheme in order to bring the Department into more direct touch with the measures of local Sanitation, I have the honor to State that, taking into Consideration the multifarious Sanitary activities in the State, the improvement of the Mahads &c. and need for an Officer of Sufficient Status, unburdened with other equally onerous duties, to tour freely

in

in the province and check the work of the District Sanitary Officers, the appointment of a whole time Sanitary Commissioner is very necessary. The Director of the Public Health Institute may be appointed Ex-Officio Deputy Sanitary Commissioner to relieve the Sanitary Commissioner of the office routine and enable him to frequently to move out for purposes of inspection.

2. As regards the Districts, the Deputy Commissioner, being the Executive Head in each District and the President of the District Board and Municipalities therein, should be invested with full powers and responsibilities in all Sanitary matters, assisted by a District Sanitary Officer, who should be his Sanitary assistant dealing with all papers relating to Sani-tation and Public Health, issuing orders to the Talukas in his name in such matters Compiling Vital Statistics in the District and performing various other duties to be assigned to him by the Sanitary Commissioner. By this arrangement,

the various disadvantages under which the District Sanitary Officers now labour will be removed, the Co-operation between the Sanitary and Revenue Officers will be secured and the District Sanitary Officer will have the means of seeing his instructions to the Taluk authorities and village servants fully carried out. It is inexpedient to appoint the District Sanitary Officer Vice President of the District Board which will burden him with duties for which he is neither qualified nor can afford sufficient time.

3. It is not at present desirable to divest amildars of their responsibilities as Taluk Sanitary Officers. The Sanitary Inspector will continue to work under them, but will not be employed otherwise than on their legitimate duties. Their functions in the taluk will be the same as those of the District Sanitary Officer in the District. They will tour about the Taluk see the Village Sanitation Rules are properly worked, prosecute those who offend against them Supervise Correct preparation of Vital Statistics

by the Patels, and progress of vaccination made by the Taluk Vaccinators, and work generally under instructions issued from time to time by the District Sanitary Officer who will check their work during his tours of inspection. I am inclined to think that the Taluk Vaccinators will turn out much better work if they are placed under the direct orders of the Amildars.

I have the honor to be,

Sir,

Your most obedient Servant.

Deputy Commissioner
Kadur District

D 6976

195

No.1917

Office of the Deputy Commissioner,
Kolar District,
Dated K o l a r, the 4th May 1915.

F. M. 86-13-16

From

P.F. BOWRING, Esquire, J.P.,
Deputy Commissioner, Kolar District.

To

D.M. Narasinga Rao, Esquire, B.A.B.L.,
Offg. Secretary to the Government of
His Highness the Maharaja of Mysore,
General and Revenue Departments,
Bangalore.

Sir,

I have the honor to acknowledge receipt of your communication No.4586-98 dated 10th December 1914, calling for an expression of my opinion on certain suggestions made with reference to the work of the Health Department, with my proposals for bringing the Department into more direct touch with measures of local sanitation. I have carefully studied the several notes forwarded with the above; and I proceed to record below my views of the whole question discussed in these papers.

2. In the first place, I must point out that, in Mysore, with the exception of the Kolar Gold Fields and perhaps also of the Cities of Bangalore and Mysore, we have no towns really urban in the essential characteristics of trade, commerce or industry. The so-called towns in the State are but expanded villages---populated mainly by agriculturists. The Sanitary Administration of these

places must necessarily be very different from what they are in European and American Cities like London, Paris or New York or even large Indian Cities like Bombay, Calcutta or Madras.

3. The sanitary requirements here are very few and simple. They are:-

(a) A well-organized conservancy staff for Municipal Towns and Union Villages.
(b) Precautionary steps against epidemics.
(c) Sanitary measures and Medical treatment during times of epidemics.

As regards (a), the Municipal Boards maintain suitable staffs; and they need only an Officer to advise them on conservancy and sanitary methods. A well-paid and qualified Sanitary Inspector on the Municipal Staff will be sufficient for all purposes.

As regards (b), it is very necessary to have an agency to go about the villages inspecting the localities with reference to general sanitary conditions and water supply and advise the authorities as to the sanitary measures that should be carried out from time to time.

At present, the District Sanitary Officer is supposed to do this with the help of the Taluk Sanitary Staff.

As for (c), when epidemics do break out, the Sanitary Officers do adopt steps to prevent the spread according to local conditions. But as for medical treatment of the patients, matters are far from satisfactory. The Sanitary Officer thinks that it is no business of his to administer medical aid, while the Medical Officer considers

that he is paid only to administer relief to those who come to his hospital or seek his help on special engagement. Between the two, the unfortunate patient has very little chances of relief and mortality rules high.

4. What is wanted is to bring about a co-ordination between the Medical and Sanitary Agencies of the District. This can probably be done by placing the District Medical Officer in charge of both functions giving him suitable Assistants for sanitation: that is to say, the District Sanitary Officer should be an Assistant to the District Medical Officer for sanitary work, such an Assistant being in charge of a fully equipped laboratory at Head Quarters for a general, chemical and Bacteriological examination of Waters, Sputum, blood, rats etc. At present much time is wasted in having to send such articles to Bangalore and ascertaining the results which at times are intimated too late to be of any further use. This Officer should also be always ready to be sent anywhere with a travelling Dispensary for the treatment of patients during epidemics. This will be more useful than the present arrangement.

5. A Sanitary Specialist is a costly superfluity for the ordinary rural tracts of the State. Such special agencies may be confined to the three Cities for the present.

6. The District Sanitary Officer now cannot do much more than supervise to a certain extent the work of the Taluk Sanitary Inspectors who, in my opinion, do not do satisfactory work. They are employed on other duties also

by Amildars of Taluks; and it is very questionable, if left to themselves, the Inspectors can exercise any authority especially in out of the way villages, without the aid of the Amildar or sheikdar who cannot be expected to be always at hand to help them.

7. Large Municipalities may well have their Sanitary Inspectors; but in Taluks where there is really no large town, it is doubtful if the present Sanitary Inspector is or will ever be anything more than an AID-DE-CAMP to the Amildar.

8. One of the suggestions made in the Notes forwarded with the communication under reply, is, that the District Sanitary Officer may be the Vice-President of the Local Boards and be the Office-Assistant to the Deputy Commissioner in matters relating to the work of the Board and of the Sanitary Department. The impracticability of this proposal has been very clearly pointed out by the Extraordinary Member of Council; and I think too that a Sanitary Officer will be very much out of his element when saddled with the work of the District Board , much of the functions of which are foreign to the trend of his education and official training.

9. The proposal to do away with Vaccination Inspectors and entrust their work to the Sanitary Inspector does not commend itself to me either.

10. As regards Rural Vital Statistics, there is no denying that the present system of registration is very defective. Several domestic occurrences are left out of the Patel's register, while the record of the causes of death is but expressive of the very crude rural notions

of actual diseases; and what is worse is, that the Returns of all the villages are not properly collected and brought under compilation. The monthly figures of Births and Deaths, now compiled by the Taluk Local Fund clerk, do not embrace the records of all the villages in the Taluk. I therefore welcome the Sanitary Commissioner's proposal to make the Taluk Sanitary Inspector responsible for the correct maintenance of the registers in the Taluk Office and for the actual compilation of the returns, the District Medical Officer being also the "REGISTRAR OF BIRTHS & DEATHS" for the District.

11. To summarise, my proposals briefly are as follows:-

i. Having regard to the simple requirements of the rural tracts of the District, a separate Sanitary Officer for the District is unnecessary.

ii. The requirements of the District will be amply satisfied by placing the District Medical Officer in charge of the District Sanitary work also, giving him a Qualified Assistant for sanitary work, with a fully equipped laboratory for the examination of infected waters, rats, sputum, blood etc, thus combining sanitary supervision, researches and Medical relief under one control.

iii. That the Taluk Sanitary Inspector, if he is to be continued, be entrusted in addition to his present duties with the supervision, collection and compilation of the Village Registers of Births and Deaths under the

orders of the District Medical Officer, who might, for purposes of Vital Statistics, be also the "REGISTRAR OF BIRTHS & DEATHS".

I have the honor to be,

Sir,

Your most obedient servant,

Deputy Commissioner,

Kolar District.

Md 1915
D 6970

Letter No. 3499, dated the 28th April 1915, from the Secretary to the Government of Bombay, General Department, to the Honourable the Resident in Mysore.

7. M. 84-13-17

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With reference to your letter No. 2467, dated the 8th April 1915, I am directed to forward a copy of the Civil Medical Code, Bombay, 1914, which contains the orders, rules, etc., relating to the Sanitary Department.

No Pol 2180 of 10. 5. 15

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No. 3208

Mysore Resident's office,

Bangalore, 8th May 1915.

A copy of the foregoing letter, together with a copy of the Medical Code received therewith, is forwarded to the Government of His Highness the Maharaja of Mysore, with reference to Mr. Narasinga Rao's letter No. 933 Pol., dated the 24th March 1915, with the intimation that the other Local Governments and the Government of India have been addressed in the matter of the supply of orders, rules etc., relating to the Sanitary Department and that their replies will, on receipt, be duly communicated to the Durbar.

First Assistant Resident.

D 6998

202

Letter No. 591, dated the 28th April 1915, from the Assistant Secretary to the Government of India, Department of Education, to the Hon'ble the Resident in Mysore.

7. W. 8K-13-18

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In accordance with the request made in your letter No. 2465, dated the 8th April 1915, I am directed to forward a copy of the papers noted in the margin regarding Sanitary administration in British India.

1. Resolution No. 921/936, dated the 23rd May 1912.
2. Resolution No. 1524-1547, dated the 19th August 1912.
3. Resolution No. 888-908, dated the 23rd May 1914.
4. Letters from Local Governments and Administrations and enclosures giving synopses of the different systems of health administration in force in British India.

of 1912

No Real 2181 of 10.5.15.

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No. 3209 of 13

Mysore Resident's office,
Bangalore, 8th May 1915.

A copy of the foregoing letter, together with the enclosures received therewith, is forwarded herewith to the Government of His Highness the Maharaja of Mysore in continuation of this office endorsement No. 3208 dated the 8th May 1915.

First Assistant Resident.

D7094

Letter No. 541/M.42-16, dated 26th April 1915, from the Medical Dept., Secretary to the Government of Burma, Maymyo to the Hon'ble the Resident in Mysore, Bangalore.

7. My 86-13-15

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In reply to your letter No. 2472, dated the 8th April 1915, I am directed to forward, for the information of the Mysore Durbar, copies of the papers detailed in the attached list containing orders relating to the organisation and working of the Sanitary Department in Burma.

2. I am also to forward a copy of a synopsis of the system of the Sanitary Administration of this province which was prepared in 1912 for the information of the Western Australian Government and to say that the Lieutenant-Governor will be glad to afford further detailed information, if required, on any of the points mentioned therein.

Pol 2228 of 14-5-15

No. 3351

Mysore Resident's Office.

Bangalore, Dated 14th May 1915.

A copy of the foregoing letter, with enclosures, is forwarded to the Government of HIS HIGHNESS THE MAHARAJA OF MYSORE in continuation of this office endorsement No. 3209, dated the 8th May 1915.

First Assistant Resident.

General Department Resolution No.7 of 1898 regarding the appointment of a Sanitary Engineer for Burma.

Rules defining the duties of the Deputy Sanitary Commissioner, Burma.

Instructions for the guidance of the Deputy Sanitary Commissioner, Burma.

Medical Department letter No.822/1Z-8, dated the 28th April 1906, to the Superintendent-General of Vaccination, regarding the training of Vaccinators and Native Superintendents of Vaccination with the syllabus.

General Department Circular No.24 of 1908 on the nature and scope of the duties of the Sanitary Commissioner and his relation to other officers.

Medical Department letter No.913/4Z-2, dated the 27th May 1908, to the Sanitary Commissioner regarding the control of the Port Health Department, Rangoon.

Medical Department letter No.556/4Z-2, dated the 10th December 1908, to the Sanitary Commissioner on the subject of gazetting the appointment and transfer of officers under his control.

Medical Department Circular ~~letter~~/No.27 of 1912 regarding the constitution and the functions of the Divisional Sanitary Boards.

Medical Department Circular letter No.121M/3Z-5, dated the 29th March 1913, on the subject of employment of Sanitary Inspectors for towns with a population of 3000 and above and of their recruitment and training together with the prospectus, regulations and syllabus of subjects of the training class.

Medical Department Circular letter No.708M/4Z-20, dated the 21st October 1913, regarding the appointment of health officers for towns and groups of small towns.

Public Works Department Circular No.13 of 1913 (and Circular No.4 of 1914 (of 30 Jan 1915) amending it) on sanitary works and the duties of the Sanitary Engineer.

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G.R.S. 26]

SUBJECT.....

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*Diary No. of letter replied to* 6570 & 6998

General and Revenue Secretariat
(Smithy)
, *the* 191 .

Date of issue 13th February 1915

Signed by Mr P. G. D'Souza

Section Smithy
File No. 86-13
Serial No. 20

No. Pol 1120

To The Assistant to the Political Resident in Kuwait

Sir,

I am directed to acknowledge with thanks the receipt of a copy of the Civil Procedure Code, Bombay, 1914, together with Copies of certain orders, rules relating to the Smithy Department in British India, forwarded with your ~~letter~~ No. 3208 and 3209 dated

over.

Dublin Castle 8th May 1915.

I have the
GB VI/5
Fr 9/15 Sitzung

*List of enclosures.*

*Copied by*

*Examined by*

GPB—20,000—14-2-14

D7194

7-M-R-13-21

206

Letter No. 457/VI-36-20, dated the 3rd/8th May 1915, from the Assistant Secretary to the Chief Commissioner, Central Provinces, Nagpur, to the Hon'ble the Resident at Mysore.

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In compliance with the request contained in your letter No. 2473, dated the 8th April 1915, I am directed to forward herewith a copy of Chief Commissioner's Book Circulars Volume II and to say that the orders and rules relating to the Sanitary Department of the Central Provinces Administration are contained in Circulars Nos. IX-1 to IX-9, IX-14 and IX-14-A of the Volume.

2. I am also to forward a copy of the Central Provinces Plague Manual, 1913.

Rec'd 22 & D/20-5-15

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No. 3486

One Book Circulars & Plague Manual

Mysore Resident's Office.

Bangalore, dated, 20th May 1915.

A copy of the foregoing letter with enclosures is forwarded herewith to the Government of HIS HIGHNESS THE MAHARAJA OF MYSORE, in continuation of this office letter No. 3357 dated 14th May 1915.

First Assistant Resident.

D 7196

F. No. 8-13-22

Letter No. 690 L.Mis. dated the 8th May 1915, from the Acting Secretary to the Government of Madras, (Local and Municipal Department.), to the Hon'ble the Resident in Mysore.

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With reference to your letter 2466 dated 8th April 1915, I am directed to enclose copies of the Government Orders shown in the list appended to this letter, a note prepared by the Sanitary Commissioner in connection with the Public Services Commission and a pamphlet entitled " Notes on Recent Sanitary Developments in the Madras Presidency."

Rel 22620/20.5.15

No. 3487

Mysore Resident's Office.

Bangalore, dated 20th May 1915.

A copy of the foregoing letter, together with the enclosures received therewith, is forwarded to the Government of His Highness the Maharaja of Mysore in continuation of this office endorsement No. 3486 dated the 20th May 1915.

First Assistant Resident.

# APPENDIX.

Number and date of the Government Orders.

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| | | | | |
|---|---|---|---|---|
| 1100 L., | dated | 5th | September | 1904 |
| 1770 M., | dated | 13th | October | 1904 |
| 1437 L., | dated | 4th | December | 1905 |
| 154 L., | dated | 13th | February | 1906 |
| 278 L., | dated | 3rd | March | 1906 |
| 548 L., | dated | 8th | May | 1906 |
| 1002 L., | dated | 11th | July | 1908 |
| 660 L., | dated | 21st | May | 1910 |
| 361 L., | dated | 15th | March | 1911 |
| 424 L., | dated | 27th | March | 1911 |
| 373 L., | dated | 6th | March | 1912 |
| 1546 M., | dated | 23rd | August | 1912 |
| 2011 M., | dated | 30th | October | 1912 |
| 1851 L., | dated | 4th | December | 1912 |
| 11 L., | dated | 3rd | January | 1913 |
| 22 L., | dated | 3rd | January | 1913 |
| 457 L., | dated | 14th | March | 1913 |
| 1283 L., | dated | 5th | August | 1913 |
| 1395 L., | dated | 27th | August | 1913 |
| 170 L., | dated | 26th | January | 1914 |
| 1097 L., | dated | 15th | June | 1914 |
| 1108 L., | dated | 16th | June | 1914 |
| 1500 L., | dated | 27th | August | 1914 |
| 70 L., | dated | 18th | January | 1915 |
| 512 L., | dated | 30th | March | 1915. |

7195 ---->

7. 4. 86-13-23

Letter No. 322 M. & S., dated the 10th May 1915, from the Additional Secretary to Government, Punjab, Home (Medical and Sanitary) Department, to the Hon'ble the Resident in Mysore.

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As requested in your letter No. 2470, dated the 8th April 1915, I am desired to send you a copy of the Punjab Medical Manual and of the resolutions noted in the margin, which explain the organisation and working of the Sanitary Department in the Punjab. I am to add some points, such as, the division of duties between the Sanitary Commissioner and the Inspector General, Civil Hospitals, Punjab, and the improvement in reporting of vital statistics, epidemics, etc. are under reconsideration.

Punjab Government Resolutions.
1. No. 479, dated 25th May 1914, Improvement of the Superior Sanitary Staff in municipalities.
2. No. 611-S, dated 15th June 1914. Improvement of Rural sanitation in the Punjab.
3. No. 2120-S, dated 11th August 1914. Methods for the improvement of the sanitary condition of towns in the Punjab.

Pol 2264 of 20-5-15

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No. 3488 S/Medical manual & resolutions

Mysore Resident's office,
Bangalore, 20th May 1915.

A copy of the foregoing letter, together with the enclosures received therewith, is forwarded to the Government of His Highness the Maharaja of Mysore, in continuation of this office endorsement No 3487 dated the 20th May 1915.

First Assistant Resident.

(210.

D 7235 San 86-13-SC 24

Letter No. 2279 M, dated the 10th May 1915, from the Under Secretary to the Chief Commissioner of Assam, to the Resident in Mysore.

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With reference to your letter No. 2474, dated the 8th April 1915, asking for a set of orders and rules issued by this Administration for the reorganisation and working of the Sanitary Department, I am directed to forward a copy of the rules for the preparation, submission and execution of Sanitary projects and to say that no other rules on the subject have been issued by this Administration.

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Pol 2305 D/24. 8.15

No. 3632 3 — 1

Mysore Resident's office,
Bangalore, 24th May 1915.

A copy of the foregoing letter, together with the enclosure received therewith, is forwarded to the Government of His Highness the Maharaja od Mysore, in continuation of this office endorsement No. 3488, dated the 20th May 1915.

First Assistant Resident.

D7806 7.4.98-3-25 D7806 211

Letter No. 212/XVI-49, dated the 10th June 1915, from the Under Secretary to Government, United Provinces, to the Resident in Mysore.

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In reply to your letter No. 2469, dated the 8th April 1915, I am directed to forward for the information of the Mysore Durbar a synopsis of the system of health administration in force in the United Provinces.

2. I am also to forward copies of the following Acts and of certain rules and order, as noted below, on which the synopsis is based:-

1. The Bengal Chaukidari Act, XX of 1856, as modified up to the 1st November 1903.
2. The Vaccination Act, XIII of 1880.
3. The Manual of Vaccination.
4. The United Provinces Lodging House Act, I of 1892.
5. The United Provinces Village Sanitation Act, II of 1892, as amended by United Provinces Village Sanitation (Amendment) Act, V of 1912.
6. The United Provinces Sewerage and Drainage Act, III of 1894.
7. The United Provinces District Boards Act, III of 1906.
8. The United Provinces District Boards Amendment Act, II of 1915.
9. The Indian Factories Act, XII of 1911.
10. The Municipal Manual.
11. The United Provinces Prevention of Adulteration Act, VI of 1912.
12. The Manual of Government Orders, Vol. II.
13. Rules for the guidance of Deputy Sanitary Commissioners.
14. Notification No. 325/XVI-61, dated the 15th June 1912, prescribing the rules for the constitution and functions of the Provincial Sanitary Board.

A copy of the Annual report of the Sanitary Commissioner, United Provinces, for the year 1913 is also enclosed.

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No.

Mos 21/6

Pol 2526 D/ 21.6.15

o. 4348 with a hundle of papers

Mysore Resident's Office,

Bangalore, 21st June 1915.

A copy of the foregoing letter together with the enclosures received therewith is forwarded to the Government of His Highness the Maharaja of Mysore in continuation of this office endorsement No. 3825, dated the 31st May 1915.

Gwer

for First Assistant Resident.

MJ

# Synopsis of ~~different~~ the systems of health Administration in the United Provinces.

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## System of Public Health Administration.

I. The Acts affecting Public Health in the United Provinces are:-

1. The Bengal Chaukidari Act 1856 as amended in 1871.
2. Inoculation, Kumaun and Garhwal 1868.
3. Vaccination Act 1880 as amended in 1907
4. The United Provinces Water-works Act 1891 as amended in 1895, 1901, 1908 and 1910.
5. The United Provinces Lodging-house Act 1892.
6. The United Provinces Village Sanitation Act 1892.
7. The United Provinces Sewerage and Drainage Act 1894.
8. The Criminal Procedure Code, 1898, Sections 133-144.
9. The United Provinces Municipalities Act 1900 as amended in 1901 and 1907.
10. The United Provinces District Boards Act 1906.
11. The Factory Act 1911.
12. United Provinces Adulteration of Food and Drugs Act.

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II
Civil Divisions

The population of the United Provinces is 47,182,044.

The province is divided into the following civil divisions:-

(a) 10 Commissionerships.

(b) 48 districts each of which is in the charge of a district officer.

Each district is divided into the following sub-divisions:-

(i) Parganas (civil sub-division)

(ii) tahsils (divisions for the collection of revenue).

(iii) Thanas (police circles).

Within these areas are included--

(1) Municipal areas.

(2) Notified areas (i.e. smaller municipal areas)

(3)

(3) Cantonments.

(4) Towns administered under Act XX of 1856 (i.e. the larger villages).

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III

Sanitary Divisions. A. The province is divided into four sanitary divisions each under a deputy sanitary commissioner.

B. These divisions are sub-divided into 48 district corresponding with the 48 civil districts.

C. These districts are sub-divided into vaccination circles.

Vaccination circles are of two classes municipal and rural, the latter usually corresponding to the geographical distribution of one or more police circles.

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IV.

Authorities. The authorities, under the Government, dealing with sanitation are--

(A) The Sanitary Board.

(B) The Sanitary department.

(C) The Local authorities.

A. The Sanitary Board

The Sanitary Board consists of--

(1) a senior member of Indian Civil Service.

(2) Chief Engineer, Public Works Department, Buildings and Roads branch.

(3) Financial Secretary to the Government,

(4) Judicial Secretary to the Government.

(5) Sanitary Commissionerto the Government,

(6) Sanitary Engineer to the Government.

(7) One European non-official member,

(8) two Indian non-official members, one Hindu and another Musalman.

The functions of the Sanitary Board are:-

(1) To serve as the advisor of Government, to be the central and controlling authority in all matters of sanitation and to assist local authorities in every way in matters falling within its province.

(2) The Board maintains a programme of sanitary works, projected and under construction, and assists

local

local bodies with grants in aid of Sanitary works from the funds placed at its disposal by Government.

B. Sanitary Department

The Sanitary Department is divided into two services: the Provincial and the Local.

The Provincial Service consists of-

(1) A Sanitary Commissioner and Superintendent General of Vaccination.

(2) Four Deputy Sanitary Commissioners.

(3) Nine first class Health Officers.

(4) Eighteen second class Health Officers.

(5) Three District Sanitary Officers.

(6) A Malaria Officer with two assistants.

(7) 48 Civil Surgeons who are ex-officio District Sanitary Officers and District Superintendents of Vaccination.

(8) 49 Assistant Superintendents of Vaccination.

The Local Service consists of -

(1) Sanitary Inspectors of two classes.

(a) Chief Sanitary Inspectors.

(b) Sanitary Inspectors.

(2) 927 Vaccinators.

Vaccinators are paid by the different local bodies by which they are employed.

C. Local Authorities.

The Local Authorities consist of -

(1) Commissioners of Divisions.

(2) District Magistrates.

(3) District Boards who deal with sanitation in rural areas, excluding municipalities, cantonments, towns administered under Act XX of 1856 and notified areas.

(4) Municipal Boards who deal with sanitation in their respective municipalities.

(5) Notified area committee who deal with sanitation in their respective jurisdictions.

(6) Cantonment committees who deal with sanitation in their respective cantonments.

(7)

(7) Village panchayats who deal with sanitation in their respective villages.

(8) Subordinate magistrates who assist the District Magistrates in administering towns under Act XX of 1856.

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V. Functions of the Sanitary Authorities.

## The functions of the Sanitary Authorities.

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The Department of Public Health is under the administration of the Sanitary Commissioner who is assisted by four Deputy Sanitary Commissioners.

The duties of the Sanitary Commissioner consist chiefly in advising Government and local bodies in regard to public health, testing vital statistics and directing the sanitary arrangements at fairs, famine works, and large gatherings of people. He has no executive authority. In his capacity of Superintendent General of Vaccination the Sanitary Commissioner controls vaccination operations in the province. The lymph for vaccination is prepared at Patwa Dangar, a laboratory in the hills under the direct control of the Sanitary Commissioner.

2. He is aided in these duties by the Deputy Sanitary Commissioners.

3. First class Health Officers are in charge of public health in towns with a population of over hundred thousand and in certain other places where local circumstances demand it.

4. Second class Health Officers are in charge of sanitation in towns where the municipal boards have incomes of over fifty thousand rupees a year.

5. District Sanitary Officers are specially employed in the investigation of outbreaks of disease in rural areas.

6. The function of the Malaria Officer is the investigation of malaria and the submission of proposals for the limitation of that disease in both municipal and

and rural areas.

7. An Assistant Superintendent of Vaccination is attached to every district to inspect the work of the vaccinators.

8. The Civil Surgeon is the ex-officio district Health Officer of rural and urban areas in his district. In the case of municipalities, in which the Civil Surgeon is too busy to devote much time to sanitary duties, a Health Officer is appointed.

Duties of District Boards (i.e. the local authority in each district for rural areas).

The duties of the District Boards are-

(1) to establish, manage, maintain and inspect hospitals, dispensaries, asylums, veterinary hospitals, markets, and staging houses.

(2) to construct and repair public wells, tanks, waterworks, embankments and drainage works and to attend to the supply of water from them and from other sources.

(3) to carry out public vaccination, village sanitation and any other local works or measures likely to promote the public health.

Duties of the Commissioners of Divisions.

Commissioners supervise the general administration of their respective divisions.

Powers of District Officers. (i.e. District Magistrates also designated Collectors and Deputy Commissioners.

District Officers exercise all the powers conferred on them in respect of public health by the Acts aforementioned or the rules made thereunder.

Functions of Municipal Boards (i.e. the local authority in each municipality

The functions of municipal boards include:-

(a) the construction, maintenance, improvement, cleaning and repair of public streets, drains, latrines, tanks, wells, water-courses and the like;

(b) the construction, establishment and maintenance of hospitals and dispensaries, and other institutions for the promotion of the public health.

(c)

(c) the prohibition of cultivation or use of manure or irrigation injurious to the public health;

(d) the regulation of the erection and re-erection of dwellings on sanitary principles and the maintenance of buildings and grounds in a sanitary condition:

(e) the construction, maintenance and cleaning of drains, sewers and house connections;

(f) the supply, storage and preservation from pollution and regulation of the use of water for men and animals;

(g) the maintenance of sanitary and scavenging services;

(h) the inspection and proper regulation of markets, slaughter houses, livery stables, dairies, bakeries, and any place of public resort.

(i) the control, regulation and management of burial and burning grounds.

(j) the registration, inspection and sanitation of buildings or parts of buildings let in lodgings;

(k) the manufacture or preparation for sale of any articles of food or drink;

(l) the proper registration of births, marriages and deaths and provision for public vaccination;

(m) the regulation of offensive and dangerous trades;

(n) the restraint of infection;

(o) the disposal of mad and stray dogs;

(p) the registration and supervision of plumbers.

Functions of the Committees of Notified Areas.

The Committees of Notified Areas have practically the same functions as Municipal Boards.

Boards and Committees have no (or very limited) power at present over;-

(1) town planning

(2) private wells or private water-supply

(3)

(3) adulteration of food and drink and

(4) private markets.

Village Panchayats. Powers have been given to village panchayats to undertake measures for the general cleanliness of the village. The expense of this work is provided by the Government upto a limit of Rs 50 but on the understanding that the amount given by the Local Government is to be doubled by the amount of the local contribution.

Vaccination is compulsory only in municipalities cantonments, and in 40 out of 45 Notified areas. The Vaccination Act is administered by the local authorities.

The Factory Act is administered by one Factory Inspector for the Province.

The Civil Surgeon is usaully the certifying Surgeon and Inspector for sanitation.

uarantine Quarantice regulations are not in force in the Province. At large fairs medical inspection by medical subordinates in carried out at the station of arrival or at the large junction station en route to the fair area. Persons suffering from infectious disease are segregated in infectious disease hospitals. There is no compulsion for the segregation of contacts.

P.W. 83-13-16

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Letter No. 25 T/San, dated the 8th May 1915, from the Secretary to the Government of Bengal, Municipal Department, Darjeeling, to the Resident in Mysore.

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With reference to your letter No. 2468, dated the 8th April 1915, I am directed to forward copies of the papers, mentioned in the accompanying list, which relate to the organisation and working of the Sanitary Department of this Presidency, and to say that the province of Bengal is divided into four sanitary circles, each under a Deputy Sanitary Commissioner

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Letter No. 6645 M, dated the 17th May 1915, from the Secretary to the Government of Bihar and Orissa, to the Resident in Mysore.

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In compliance with the request contained in your letter No.2471, dated the 8th April 1915, I am directed to forward for the information of the Mysore Durbar, copies of the rules and orders noted in the accompanying list, relating to the Sanitary Department in Bihar and Orissa. The questions about the syllabus of the Sanitary Inspectors' Training School and the Sanitary Survey of the Province and also the model rules for the routine work of Sanitary Inspectors are now under consideration and copies of these papers will be supplied when final orders are passed on them.

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No.

No. 3825 D 7396 Mysore Resident's Office,

Return one file of papers & resolutions

Bangalore, 31st May 1915.

A copy each of the foregoing letters, together with the enclosures received therewith is forwarded to the Government of His Highness the Maharaja of Mysore for information in continuation of this office endorsement No. 3632, dated the 24th May 1915.

Vol 2373 D/ 31.5.15

for FIRST ASSISTANT RESIDENT.

List of rules and orders relating to the Sanitary Department, Bihar and Orissa, supplied to the mysore Durbar.

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1. Plague Manual for Bihar and Orissa.
2. Rules regarding the appointment, leave, pay and dismissal of Health officer
3. Suggestions for the guidance of municipal Commissioners in determining the duties which they should assign to their Medical Officers of Health.
4. Proceedings of the Sanitary Conference held at Ranchi on August 26th and 27th, 1913.
5. Rules & Regulations of the Vaccination Department Bihar and Orissa.
6. Note on Travelling Dispensaries in the Province of Bihar and Orissa.
7. Introduction of treatment of quinine in place of pice-packets and tablets, (A proceeding for January 1914, No. 121-26, file 3/233 without the Notes.
8. Letter from the Government of Bihar and Orissa to the Sanitary Commissioner, Bihar and Orissa, No. 6047 M, dated the 17th June 1913, regarding the training of Sanitary Inspector at the Sanitary School, Gulzarbagh.
9. Letter from the Government of Bihar and Orissa to the Inspector General of Civil Hospitals, Bihar & Orissa, No. 1061 M, dated the 22nd January 1915, regarding the sale of quinine by drug vendors in rural areas.
10. Scheme drawn out by the Deputy Sanitary Commissioner, Chota Nagpur Circle, for the destruction of rats in Patna city (approved by Government).
11. Letter from the Government of Bihar & Orissa to the Sanitary Commissioner, Bihar & Orissa, No. 2819 M. dated the 27th February 1915, regarding the ~~destruc~~ distribution of Permanganate of Potash as a means of checking the outbreak of cholera.

List of Papers.

1. Municipal Department Resolution No. 2048-San., dated 19th December 1910.
2. No. 2342-San., dated 28th October 1912.
3. General Department Order No. 2320-San., dated 25th November 1913 with enclosure
4. Municipal Department Notification No. 129-M., dated 13th January 1914
5. General Department Order No. 150-San, dated 21st February 1914
6. Financial Department order No. 211 T.F. dated 25th May 1914 & S.E.'s No. 797, dated the 28th February 1914.
7. General Department No. 165 San, dated the 24th February 1914.
8. General Department No. 365, dated the 21st April 1914
9. A Copy of the Bengal Municipal (sanitary officers) Act, 1914.

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D 715 Sanitary 86-13-2

No. 36 Office of the Deputy Commissioner,

Shimoga District.

Dated Shimoga, 17th August 1915.

From

K. Matthan, Esquire, B.A.,
Deputy Commissioner,
Shimoga District.

To

D.M. Narasinga Rao, Esquire, B.A., B.L.,
Offg. Secretary to the Government of Mysore,
General Department, Bangalore.

Sir,

I have the honour to submit herewith my opinion on the proposals for the reorganisation of the Health Department, contained in the papers forwarded with your No. 4586-98/Sany. 86-13-2 dated 10th December 1914 and No. 5142-54/Sany. 86-13-3 dated 2nd January 1915, together with practical suggestions for improving the work of the department.

I have the honour to be,
Sir,
Your most obedient servant,

Deputy Commissioner,
Shimoga District.

D.S.R.

TV 18/8 1916-16

From

The Deputy Commissioner

Shimoga District.

To

The Offg. Secretary to Government,

General Department,

Bangalore

Dated 17th August 1915.

General No. 36

Enclosure. One.

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Submits opinion on the proposals for the reorganisation of the Health Department.

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Enc. to Sany. 86-13-27 225

Memorandum on the Re-orginisation of the Health Department.

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The following notes are submitted with reference to the papers on the Re-organisation of the Health Department in the State, sent with the Secretariat memo No. 4586-98 Sany. 86-13-2 dated 10th December 1914 and letter No. 5142-54/Sany 86-12-3 dated 2nd January 1915.

2. The idea of constituting a Self-contained department of Public Health as suggested in the Deputy Sanitary Commissioner's note appears attractive at first sight but a little consideration shows that it is not practicable at present. Sanitation is essentially a matter for which local bodies should be made responsible, and in regard to which the function of Government should be to help with advice and pecuniary aid rather than to control and administer. The main reason for this lies in the fact that Sanitary measures too far in advance of popular sentiment can never be satisfactorily enforced. Dr Srinivasa Rao would indeed make local bodies pay for Sanitary improvements(Vide the last para but one of his note) but he omits to say what voice these bodies are to have in spending the funds, and how the placing of such local funds "at the disposal of the Central Sanitary Board" would be consistent either with the principles of Local Self Governme or with the responsibilities of Municipal Councils and District Boards as laid down by Legislative Enactments.

3. It must therefore be recognised that the function of the Health Department should be mainly to give Government and Local Bodies advice based on inspection and scientific investigation. This of course is in addition to the adoption of prophylactic measures against epidemic diseases like Malaria, Small pox, Cholera, plague and enteric.

4. There are many points at which Medical and Sanitary work meet or even overlap, and all Medical Officers

must understand that they should cooperate to the fullest extent with Sanitary Officers especially in regard to the prevention and treatment of epidemic diseases. It would therefore be an advantage if the Senior Surgeon continues to be Ex-officio Sanitary Commissioner, and in a position to coordinate the work of the two departments. But as he himself says that the work of the Medical Department is itself very heavy, there should be a full time Deputy Sanitary Commissioner who will supervise the work of the Department in all its branches and do most of the inspection, the Sanitary Commissioner only retaining general power of control.

5. The arrangement of having the same officer as Deputy Sanitary Commissioner and Director of the Public Health Institute cannot be satisfactory. The former must be a touring Officer and the latter must be a stationary officer. The duties of the former would be mostly administrative; of the latter, research and scientific investigation. The research work done by District Health Officer would be checked -- corrected and continued in the Public Health Laboratory by the Director.

6. The Central Sanitary Board would be a most useful body, and I think the draft rules regarding its constitution and working are quite suitable. There is no need for a District Sanitary Board, but each Municipal Council and District Board should have a Sanitation Committee, of which the District Health Officer should be a member, and one of the duties of which should be the preparation of Schemes and programmes of — Sanitary improvements for a term of years with estimates of cost.

7. As regards District Sanitary or Health Officer, there are two essential qualifications which these officers should possess if they are to be of use. The first is that they should thoroughly acquint themselves with the consitution

working, financial resources and powers of local bodies, and with Sanitary Rules and Regulation in force, and the agency for enforcing the same- The second is that their advice should be practical. Unpractical advice is generally due to insufficient knowledge of the working of local bodies.

8. In my opinion the chief functions of these officers should be the following:-

(1) Compilation and careful study of the Vital Statistics of the District. This would include the investigation of conditions in localities where the statistics indicate abnormal features. The statistics should be reviewed by the District Health Officer every quarter- and the review placed before the District Boards and Municipal Councils.

(2) Inspection of insanitary conditions and study of sanitary defects especially in Municipalities, Unions and the larger villages and drawing up notes of inspections with suitable suggestions for improvement; also guiding Sanitary Inspectors in making similar inspections and suggestions in respect of smaller villages especially those in which Village Sanitation Rules have been brought into force.

(3) Helping in, and pushing on with, the preparation of comprehensive programmes of Sanitary improvements to be undertaken by local bodies with or without Government assistance.

(4) Preparation of lists of places where drinking water wells are to be provided in each taluk in the order of urgency, and with reference to the proportion or amount of contribution that may be expected from villagers.

(5) Education of the public in Sanitation and prevention of disease by means of lectures, Magic lanterns shows &c

(6) Examination of the Health of School children particularly with a view to ascertain the spleen index and vaccination.

(7) Checking the work of Vaccinators and

and testing the professional knowledge of vaccinators as well as of Sanitary Inspectors.

(8) The above enumeration clearly shows that there is no object to be gained by making the District Sanitary Officer Vice President of the District Board. The District Sanitary Officer will be a touring officer and the work of the District Board will get into hopeless arrears if it has to be attended to by him; moreover Sanitation is only one portion of the work of the District Board. Nor do I think it necessary to style him as Secretary to the Deputy Commissioner in Local Fund Matters. What is wanted is to make the District Sanitary Officer the Deputy Commissioner's Assistant in matters of Sanitation throughout the District including Municipal areas. His office should be an integral part of the Deputy Commissioner's Office in the same way as the District Excise Office and the District Police Office are. All the work of the Deputy Commissioner's Office which relates to the compilation of vital statistics and epidemic diseases and their prevention should be under his direct charge in the same way as the Excise and Police work are under the direct charge of the District Excise and Police Officers. All papers relating to sanitation in towns and villages(except such as relate to bills and payments,departure from budget provisions &c) may also be finally dealt with by him. In regard to all these matters he should be empowered to issue orders to Amildars for and in the name of the Deputy Commissioner, taking the previous approval of the latter in important matters. But it is not necessary or desirable that he should be regarded as the Deputy Commissioner's Office Assistant in Local Fund and Municipal matters. No doubt sanitation and the administration of these local bodies touch at many points, but the District Sanitary Officer's usefulness in regard to the latter comes in chiefly at the stage of inspection and preparation of programmes of improvement, and in seeing that his suggestions when accepted by competent authority are carried out, and also in seeing to the enforce-

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enforcement of Sanitary regulations in towns and villages. These he can very well attend to in his capacity as the Deputy Commissioner's Sanitary Assistant as above suggested.

9. That Sanitary Inspectors in taluks are not subordinate to the District Sanitary Officer in technical matters or that any neglect by them of instructions given by the District Sanitary Officer would be tolerated, is, at any rate as regards this District, wholly without foundation. It is of course, a fact, and one which must be well known to Government, that Sanitary Inspectors are not solely employed on Sanitary duties. This is because these officers have under Government orders replaced the old time Work Inspectors and have necessarily to prepare estimates for the repairs of roads, Musafirkhanas etc., which are maintained by the local bodies and also see to the execution of such works. It is even true that they are occasionally employed for the preparation of estimates for the repairs of Muzrai institutions. This is because the Amildars who are required to submit estimates for these, have no other agency for the purpose. In the Sagar and Nagar taluks even the restoration and repairs of ~~Musafarkhanas~~ minor tanks have at present to be looked after, by these officials because we have not given the Amildars any other agency for the purpose. If therefore Sanitary Inspectors are sometimes employed on other than Sanitary duties, it is not a case of the Revenue Officer misusing or abusing their services, as would seem to be implied in the notes of the Sanitary Commissioner and the Deputy Sanitary Commissioner, but a case of using their ~~seems~~ services to the best advantage under existing conditions. When District Sanitary Officers give instructions other than those of a technical nature to Sanitary Inspectors, as for instance if they direct them to a particular place or to a particular duty which may take sometime to furnish, it is necessary that the Amildar of the Taluk should be made cognisant of this. With this ~~inabilities~~ limitation there is nothing whatever to prevent District Sanitary Officers making the fullest use of their services.

10. The Sanitary Commissioner desires to place the District Sanitary Officer in a position to put forward any proposition in regard to Sanitary improvements— Major or Minor—the steps to be taken for the control of epidemics, the arrangements to be made for the accurate registration of vital statistics and such other measures that as the local expert in sanitary matters he considers necessary to press upon the attention of the Municipal Council." All this, I believe can, without any difficulty whatever, be done by making the District Sanitary Officer the Deputy Commissioner's Assistant in sanitary matters without giving him a novel designation as "Secretary to the Deputy Commissioner in matters pertaining to Municipal sanitation". What is important is the fact and not the name.

11. Sanitary And Assistant Sanitary Inspectors. This is a most useful class of officers and the backbone of the Sanitary Department. Attention is drawn to the fact that the full complement of these officers has not yet been employed. As far as the District is concerned the reason is generally not unwillingness on the part of the local bodies concerned to employ them, but that in spite of repeated advertisements, qualified hands are not forthcoming. There are two reasons for this, Viz., (1) that there is a dearth of trained men and (2) they have no inducements to take up service in the malnad. In order to meet these, it is necessary that classes should be opened to give training to suitable candidates and that the pay of this class of officials serving in the malnad should be improved or they should be given a malnad allowance of not less than ten rupees.

12. The Sanitary Inspectors should in my opinion, be the Sanitary executive officer subordinate to the Amildar in each taluk. It should be his duty under the guidance of the District Sanitary Officer (1) to prepare programmes of Sanitary improvements for each taluk and every village in

his area , beginning with the Unions and the larger villages, (2) to inspect Municipalities, Unions, and villages systematically according to a programme laid down by the Amildar and see to the abatement of nuisances under his personal supervision and the prosecutions and punishment under the Municipal Regulation or the Village Sanitary Regulation of recalcitrant persons and also to report to the Amildar the names of village Officers who are indifferent in regard to sanitation (3) to check the correctness of the vital statistics of each town and village and to correct compilation of vital statistics in the Taluk Office and their submission to the District Office (4) to check the progress of vaccination work and to himself conduct vaccination wherever possible and necessary; (5) to proceed to places where epidemic diseases prevail and advise people about camping out, getting themselves vaccinated or inoculated, hankinising sources of drinking water supply &c., as the case may be. Under existing conditions it is also necessary that they should see to the execution of public works undertaken in Municipalities, Unions, and villages, whether of Sanitary works properly so called or of other works such as repairs of roads, Musafarkhanas &c., But if the local bodies are enabled to employ Work Inspectors or Maistries on a pay of Rs. 15/- to Rs. 20/- for the execution of ordinary public works by being given a contribution from State funds of half the cost of each Sanitary and Assistant Sanitary Inspectors employed by the local bodies, it would be possible to make Sanitary Inspectors confine their attention to purely Sanitary duties.

13. I may add that in my opinion it is necessary that each taluk should eventually have three to four Sanitary Inspectors according to its size, and that they should be employed in attending to sanitation, epidemics, vaccination work and the check and compilation of vital statistics in their respective areas, visiting each village within their charge, at least once in two months. If half the cost of these is met by Government and the other half by the District and Municipal

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Boards, the extra cost would not be very great, and would be well worth incurring in view of the manifold advantages to be gained. We could then dispense with the services of vaccinators, Deputy Inspector of vaccination, Malnad Improvement Sub Overseers, Work Inspectors and Maistries , as the number of sanitary inspectors would be quite ample to attend to all branches of work now attended to by all these functionaries Above all, this is, as far as I can see, the only practicable means of securing correct registration of vital statistics.

14. Such an expansion of the department would, in the major Districts rendered it desirable to have an Assistant to the District Sanitary Officer, as, far the kind of work these officers have to do, one whole district is really too large an area especially in seasons of epidemics.

15. Another important point in my opinion is that District Sanitary Officers should be expected and afforded facilities to do a higher class of work than that of ordinary Sanitary Inspectors. They should be enabled and required to study and investigate scientific problems, such as the classes of insects and parasites which cause infectious diseases the methods of exterminating them, the investigation of unusual diseases set to be a prevalent in the malnad &c. For this a small laboratory at the head quarters of each district appears to be necessary. It might be a combined laboratory for the use of Sanitary , Medical and Forest Officers, where scientific problems which they come across in the course of their work may be investigated on the spot.

Deputy Commissioner,
Shimoga District.

D.S.R.

Tu 8/2.

Office of the Deputy Commissioner,
Tumkur District,
Dated, Tumkur, the 22nd August 1915.

Sanitary 86-13-28

From

K. R. Srinivasiengar, Esq., M.A.,
Deputy Commissioner,
Tumkur District.

To

V. R. Thyagaraja Iyer, Esq., M. A.,
Secretary to the Government of His Highness the
Maharaja of Mysore, Revenue Department,
BANGALORE.

Sir,

With reference to your Offcial Memorandum No. 4586-98/ Sany. 86-13 dated 10th December 1914 forwarding for my opinion a collection of papers relating to the re-organization of the Health Department, I have the honour to submit herewith a Memorandum containing my views on the subject.

As the subject was one which required a certain amount of leisurely study and consideration and as I could not find sufficient time to attend to it for some months past owing to pressure of Jamabandi and other heavy work, I very much regret that there has been some delay in replying to the reference, for -- which I request to be excused.

I have the honour to be,
Sir,
Your most obedient servant,

K. R. Srinivasiengar.

Deputy Commissioner,
Tumkur District.

K.G.R.

IV 26/8/15 marked

GPB—100,000– 29-7-14

From 191

The Deputy Commissioner,

Tumkur District.

To

The Secretary to Govt. of Mysore

Revenue Department,

Bangalore.

Dated 22nd

Despatched 25 August 1915.

Received

General No. 92

No. S

Enclosure No. 1

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Submits opinion anent the re-organization of the Health Department.

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Memorandum on the proposal for the re-organization of the Health Department.

The collection of papers received with the General and Revenue Secretary's letter dated 10th December 1914 deals chiefly with the following points:-

i. Duties and functions of Sanitary Inspectors and Assistant Sanitary Inspectors.

ii. District Sanitary Officers and Health Officers and their duties.

iii. District and Central Sanitary Boards.

iv. Appointment of a whole-time Sanitary Commissioner or Deputy Sanitary Commissioner.

2. SANITARY INSPECTORS AND ASSISTANT SANITARY INSPECTORS. According to the rules and practice in force, each Municipality or Taluk Board has to maintain one or more Sanitary Inspectors or Assistant Sanitary Inspectors who are paid entirely from the funds of the Local Boards concerned and who, working in subordination to the Vice-Presidents (mostly Amildars) of the Boards, attend not only to the Sanitation of the areas under their control but are also in charge of all works - whether sanitary or otherwise - in such areas.

Objection has been taken in the notes of the Sanitary Commissioner and Deputy Sanitary Commissioner to the existing practice on the ground (i) that the placing of Sanitary Officers in charge of all kinds of works takes them away from their legitimate duties pertaining to Sanitation and (ii) that the subordination of these Officers to the Amildars renders it impossible for the District Sanitary Officer to have effective control over them. Those who put forward this objection apparently forget that the Sanitary Inspectors and Assistant Sanitary Inspectors are not only paid entirely by the Local Bodies but that they have only taken the place

of

of the old Work Inspectors and were therefore meant to perform the latter's duties also in addition to that of exercising --- supervision over the sanitation of the areas under their control and that it could not have been intended to divest them of their duties in respect of works as such a course would have necessitat -ed the appointment of a separate agency for carrying out these works, at an additional cost which most of the Local Boards cannot afford with the slender resources at their command. It is, in these circumstances, rather amusing that the Sanitary Department should not only claim the exclusive monopoly of those Officers for employment on purely sanitary duties alone but that it should also suggest these Officers being taken away from the control of the Boards employing them and placed in direct and entire subordi - nation to the District Sanitary Officer over whom the Boards have themselves no control. I think that so long as the Sanitary --- Officers in question are paid entirely from the funds of the -- Local Boards under which they are employed, it will be quite anomalous to remove them from the direct subordination of the Chief Executive Officers of these Boards. To relieve them of the -- charge of works and employ them purely on Sanitary duties will, as I have already stated necessitate the appointment of a separate agency for the charge of the works which many of the Boards cannot afford. A suggestion has been made in the Deputy Secretary's note to solve the above difficulty by sanctioning a grant-in-aid from Government of half the pay of each Sanitary Inspector or Assistant Inspector employed by any Local Board, so as to induce the Board to employ one or more full-time Sanitary Officers whose services will not be used on other than purely sanitary duties. I think, however that this proposal will not improve ~~sanitary~~ matters as each Local Board will still have to employ an additional Officer on the same pay as that now paid to Sanitary Inspectors for the charge of works and to therefore incur an expenditure of about 50 % over the amount now spent by it over the pay of the Sanitary Inspectors alone. In the circumstances, considering --- that Government is prepared to bear half the pay of all Sanitary

Inspectors

Inspectors and Assistant Inspectors, it seems to me that the best solution will be to utilize this amount on the employment of a -- separate staff of as many Sanitary Inspectors as can be paid from it these Officers being treated as belonging to the Sanitary Department and being placed under the direct and full control of the District Sanitary Officer, while the present staff of Sanitary Inspectors -- employed by the Local Board will continue to work in subordination to the Amildars or Vice-Presidents of the Boards and be employed on all works both Sanitary and otherwise as hitherto. If this proposal is viewed with favour, it will not be difficult to define the duties of the two sets of Sanitary Inspectors so as not to give room for any clash of work between them. The Inspectors of the Sanitary Depart - ment working directly under the District Sanitary Officer may be -- employed in delivering lectures to the people and educating them in modern sanitary methods,( which should, I think, be considered as the most important of their duties) in lodging prosecution for violation of Sanitary Rules, in supervising vaccination work in the -- Taluks, in helping and instructing the people to combat epidemics and in such other ways as the District Sanitary Officer may consider it most advantageous to utilise their services.

DISTRICT SANITARY OFFICER AND HIS DUTIES.

The Deputy Sanitary Commissioner has in his note dwelt at some length on what he considers the evils of the present system of placing the District Sanitary Officer under the Deputy Commissioner without any control over Municipal, Taluk or Village Officers and has suggested his being made directly subordinate to the Sanitary Com - missioner. In the first place, I cannot understand what executive control, the District Sanitary Officer can possibly be -- given over Municipal, Taluk or Village Officers without giving rise to dual subordination and all its attendent evil consequences; and secondly I fail to see how by placing the District Sanitary Officer directly under the Sanitary Officer he can have any greater control over the Taluk and other Officers than when he is subordinate to the Deputy Commissioner. My opinion based on experince of the past

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8 years' working of the Health Scheme is that t strict Sanitary Officer cannot do much useful work unless he is placed in subordi - nation to the Deputy Commissioner and considered a sort of Assist- ant to him in the Sanitary Department. I may say that this was the opinion also of Dr. Smyth our late Senior Surgeon with whom I had occasion to discuss the question when I was in charge of the Kadur District. I may also add that it has been my pleasant ex - perience in every District of which I have been in charge to find the best relations prevailing and the utmost possible co-operation existing between the District Sanitary Officer and the District and Taluk Revenue Officers; and this would certainly not have been pos- sible if the District Sanitary Officer had not been looked on by every body as a sort of Assistant to the Deputy Commissioner in the same manner as the Assistants in other Departments.

With regard to the proposal to appoint the District Sanitary Officer as Vice-President or Secretary of the District Board and Municipal Board, I regret I am unable to view it with favour. The objections to his appointment as Vice-President of the District -- Board are so clearly set forth in the note of the Extraordinary -- Member that I can have nothing to add to them except to say that such appointment will, besides the objections referred to in the -- note, be also against the modern progressive tendency to give ---- greater freedom to the Local Boards by empowering them to elect -- their own Vice-President and President. As regards the suggestion to make the District Sanitary Officer Ex-Officio Secretary to the Deputy Commissioner as well as his Office Assistant in Municipal and Sanitary Offices, I may state that such an appointment as Secretary to the Deputy Commissioner in the Sanitary Department does not --- convey much meaning and appears to be neither necessary nor desir - able; and that while it must be open to the Deputy Commissioner to utilise the District Sanitary Officer in such manner as he chooses as his personal Assistant and Adviser in Sanitary matters, no -- restriction or limitation should be placed on the exercise of his discretion in this respect.

With

With the above-mentioned exceptions and reservations, I approve of the proposal to assign to the District Sanitary Officer the other duties and functions specified in para 8 of the Deputy --- Secretary's note.

DISTRICT SANITARY ASSISTANT AND DEPUTY INSPECTOR OF VACCINATION.

I fully agree with the Deputy Secretary in his opinion about the desirability of gradually abolishing this class of Officers as the District Sanitary Officer can, with the help of the Sanitary Inspectors placed under them, effectively check and control the vaccination work in the District. The class of Vaccinators should not, I think, be abolished as their work cannot be possibly looked after entirely by the Sanitary Inspectors with their multifarious other duties. The Vaccinators should therefore be continued and their pay somewhat increased so as to attract a better and more qualified class of men for the place.

DISTRICT AND CENTRAL SANITARY BOARDS.

As regards the District Sanitary Board I quite agree with the Deputy Secretary that, in the place of a separate Sanitary Board for each District, each District Board may be asked to appoint a Sanitary Committee with the District Sanitary Officer as Secretary. The Central Sanitary Board may continue with the changes in its personnel suggested by the Sanitary Commissioner in his note.

APPOINTMENT OF A FULL-TIME SANITARY AND DISTRICT SANITARY COMMISSIONER.

A whole-time Sanitary Commissioner for a small State like --- Mysore is, I think, an unnecessary luxury. It will not be correct to decide this question on the anology of the British Presidencies which are 3 or 4 times as large as Mysore with a proportionately larger population. I am inclined to think that with a good and qualified Assistant ~~for the~~ for the Ex-Officio Sanitary Commissioner of the grade of District Sanitary Officer or Health Officer to help him in supervising the work of the Sanitary Department, even a Deputy Sanitary Commissioner may not be necessary. But if it is considered that the Sanitary Commissioner's Assistant should

should be of a sufficiently high rank to command the respect of the Officers of the Department as well as outside, he may be given the status and designation of Deputy Sanitary Commissioner.

PUBLIC HEALTH AND VACCINE INSTITUTE.

I do not wish to touch on the questions relating to the -- public health and Vaccine Institute as I consider that they are beyond my scope.

SUMMARY

In conclusion, I would briefly summarise as follows my views regarding the re-organisation of the Health Department;-

i. The Senior Surgeon to be also the Ex-Officio Sanitary Com - missioner as at present.

ii. The Sanitary Commissioner to be given a qualified whole-time Sanitary or Health Officer as his Assistant, with the rank and -- status of a Deputy Sanitary Commissioner, if considered necessary.

iii. The number of District Sanitary Officers to be fixed at 11 - at the rate of one for each District, one for each of the Bangalore and Mysore Municipalities, and one for the Kolar Gold Fields --- Sanitary Board. With a view to attract proper men to the place and to keep them in it the pay of these Officers to be fixed as Rupees, 150-15-450 instead of Rs. 150-10-250 as proposed by the Deputy -- Secretary. No separate class of Health Officers to be formed; but these Officers to be selected from among the District Sanitary -- Officers, as has been done now for the Bangalore Municipality. When a District Sanitary Officer is deputed to one of the Muni - cipalities of Mysore or Bangalore or to the Kolar Gold Fields --- Sanitary Board, he is to retain his own rank as District Sanitary Officer but is to be designated as a Health Officer and given a local allowance of Rs. 50/- or 100/- while so employed.

iv. The functions of the District Sanitary Officer to be chiefly advisory - his most important duty to be to educate the people in sanitary matters by public lectures, demonstrations etc., on all occasions

occasions of jatras and public gatherings. He will attend to other duties as discussed in detail in the previous paras.

v. The appointment of District Sanitary Assistant and Deputy Inspector of Vaccination to be abolished in Districts to which the District Sanitary Officer has been appointed.

vi. With regard to Sanitary Inspectors (including Assistant Inspectors) the present staff of Inspectors paid from Local Funds to be retained either with their present designation or with their former designation of Work Inspectors and to be ---- under the control of the Amildars and attend not only to sani - tary duties but also to the supervision and execution of works in the areas under their charges; and a separate staff of In - spectors paid from Provincial Funds to be appointed to the -- extent that the Government is prepared to sanction grant-in-aid to the Local Boards for this purpose. These Officers to be made directly and entirely subordinate to the District Sanitary Officer and their appointment made provincial, if necessary, so as to enable the Sanitary Commissioner to transfer them from one District to another at his discretion.

vii. The Vaccinators to be retained but their pay to be some - what increased - fixed at say Rs. 12-1-20 so that a better class of men may be attracted to this appointment and retained therein.

NVR

Deputy Commissioner,
Tumkur District.

10/M9/9/W 1915-16

Mar 29th 96

From

The Deputy Commissioner of Mysore District

To

The Secretary to the Govt. of Mysore General Dept

Dated

Despatched 28-9-15

Received

General No.

No.

Enclosure No. 1 Memo

Re reorganisation of the Health Department.

GPB—1,50,000—20.6.11

241 A

D 1297

Office of the Deputy Commissioner

Mysore District.

Mysore, dated 28th September 1915.

A.Subramanya Iyer, Esq.,B.A.,

Deputy Commissioner

Mysore District

D.M.Narasinga Rao, Esq.,B.A.,B.L.,

Secretary to the Government of Mysore

General Departments.

With reference to General and Revenue Secretary's [illegible]/Sanity.93-15 dated 10-11-14 calling for my suggestions [illegible] the reorganisation of the Health Department in the [illegible], I have the honor to enclose herein a memo wherein they are em-[illegible].

I very much regret the delay.

I have the honor to be

Sir

Your most obedient servant

Deputy Commissioner

Mysore District.

Memo

From the papers received with General and Rev-- enue Secretary's No.4586-98/Sanity.86-13 dated 10-12-1914 I gather that Government are not prepared to incur any -- expenditure except perhaps to meet half the pay of Sanit- ary Inspectors and that as no improvement in the sanitary condition of mofussil stations and villages is apprent -- though the Health Department was constituted so far back as 1907 Government would like to do thepeeaful for get--- ting thebest results with practically the staff now main- tained.

2 It appears to be also settled that the Deputy - Commissioner is to be the official superior of the Dist- rict Sanitary officer. Whether the Sanitary and Assistant Sanitary Inspectors are to be controlled by the Amildars- or not is not clear

3. As remarked by all the cause of the present un- satisfactory state of things is the deputation of Sanit-- ary and Assistant Sanitary Inspectors for works having no manner of connection with sanitation. In fact they are -- now no better than the Old Work Inspectors and are prac-- tically ~~doing~~ doing no sanitation work at all. No-body can be ~~XX~~ blamed for this. The local bodies cannot afford to have a subordinate for public works and another for Sanitation - work. The District Board of Mysore think of having a ---- Didtrict Board Engineer for looking after all District -- Fund works including those now entrusted to Public Works Department, but they have not been able to find funds --- without appropriating the pay of the present so called -- Sanitary Inspectors towards the cost of the proposed Pub- lic Works Establishment ( Vide this office letter No.660 dated 3-3-15 )

4. Further it is a question whether two subordi--- nates will have full work It may be said that so far as the Sanitary Inspector is concerned he will have full work and more in as much as no place can be said to be

in a perfectly sanitary condition; but I think that the people who. it is notorious, are not keen about sanita--- tion will soon look upon him as a bore

5. As however no improvement in sanitary matters-- is possible unless there is an agencyexclusively to at--- tend to it and as the local bodies have not funds for --- entertaining 2 subordinates, one for sanitation and one-- for Public Works it is necessary that the entire pay of-- Sanitary and Assistant Sanitary Inspectors should be met- from Provincial Funds.

6. The condition on which a grant from Provincial Funds towards the pay of these will be given appears a -- little irksome The Deputy Secretary has noted that the - Deputy Commissioners should certify that the Sanitary --- Inspector's services have been utilised to the best ad--- vantage. I do not thimk the Sanitary Inspectors can for many years to come show any appreciable improvement

7. The District Sanitary Officer must be the Secre tary or Personal Assistant to the Deputy Commissioner so far as sanitaion in Municipal areas is concerned and have the power to issue orders in these matters with the Deputy Commissioner's approval.

8. I am also in favor of his being the Vice-Presi- dent of the District Board so far as sanitation matters - are concerned As in the Municipalities of Mysore and Bangalore there must be another Vice-President--and that a Non-Official if possible--for other matters.

9. Each District Board and each Municipality if -- necessary should have a sanitation sub-committee. The District Sanitary officer will be the secretary of the sub-Cte. In order that a District Sanitary officer might be entrusted with all these powers he must have the pay and status of Assistant Commissioners'.

10 The compilation of vital statistics may be en-- trusted to the District Sanitary officer and Sanitary Inspec

11. The Central Sanitary Board should continue.

12. It is not clear from the papers sent whether--- the Sanitary Inspector is to be an adviser or an execu--- tive subordinate. In the former case he may well be a --- member of the local Municipality and Taluk Board, but I - think he should be an executive subordinate. When the --- District Sanitary officer is armed with the powers referred to above he can exercise control over the Taluk Officers and there can be no harm in sanitary Inspectors ---- being directly subordinate to Amildars.

13. It should be the duty of Sanitary Inspectors to prepare an exhaustive list of sanitary defects villagewar with suggestion of remedies and the local officers should pay sustained attention for gradual improvement. A settled programme and policy is very necessary as stated by all.

14. The education of the public in sanitary matters is very necessary. Pamphlets and bulletins should be is-- sued and lectures illustrated with lantern slides should be delivered. Jatras should be visited.

The havoc done by mosquitoes and flies should be demonstrated to the people and the habits of these --- also explained. When once the people understand that ---- there are harmful insects and that many of the dreadful-- diseases are preventible, their co-operation in sanitary measures may be depended upon.

The effectiveness of the trench system in re--- gard to night soil should be demonstrated to the people.

15. The pay of Assistant Sanitary Inspectors does - not appear to be attractive. The trained candidates say - that their qualifications are the same as that of Sanit- ary Inspectors and so they should be started as Sanitary Inspectors. When once they are appointed Assistant Sanit- ary Inspectors there is not much chance of promotion. It is difficult to get qualified men as Assistant Sanitary-- Inspectors. Their pay seems to require tobe raised.

16. For the trial of offences against sanitary laws Benches of Magistrates may wherever possible be appointed At other places the First Class Magistrate may be invested with summary powers to try these. In the early days of the appearance of plague First Class Magistrates had been invested with such powers.

17. As there is provision for a daily fine for a --- continuing offence no permanent cooly gang for abatement of nuisances &c. appear to me necessary. Such coolies --- will be idle without doing any work

18. The prayers of mofussil Municipalities and --- District Boards for appreciable grants from Provincial --- Revenue should receive very favorable consideration. In-- British India large grants appear to be made from Provincial funds every year.

28/9/1901

Deputy Commissioner,

Mysore District.

4986

General & Revenue Secretariat,

Dated, Bangalore, the 1st February '17

Dear Sir

It is proposed to appoint you as a member of the Central Sanitary Board under the new scheme of the re-organisation of the Public Health Department about which orders will shortly issue.

I am to enquire ~~whether~~ Govt will be glad if you agree to the proposal will very much

The favor of a very early reply is requested

Yours sincerely

D. M. Narasimha Rao

To

Dr. P. S. Achyuta Rao,

Retired Senior Surgeon and Sanitary Commissioner.

G.R.S. III—3]

## Routine Notes.

[To be used only for notes, requisitions, etc., not intended for permanent record.]

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Rep with final proof
6/2
42-17

ANANDĀLAYA,
CHAMRAJPET,
BANGALORE CITY.

6th February 1917

Dear Sir D 2424

In reply to your No: 4986 of 1st February 1917 I write to intimate that I shall be glad to be a member on the proposed Central Sanitary Board

Yours sincerely
T. V. Achyutha Rao

The Hon. Mr. Ramaswamy Rao Esq. B.A.B.L.
Secy: to the Govt. of H.H. The Maharaja of Mysore
Fort: & Rev: Dept.

*N.B.*—Should routine notes be written on small slips, the notes must be copied, or slips pasted on this form.

W.D. 84—GPB—60,000—20-7-16

Proceedings of the Government of His Highness the Maharaja of Mysore.

---:0:---

Order No. 5113-63 San 86-13-35

Bangalore, 8th February 1917

The question of the re-organization of the Sanitary Department constituted by Government Orders Nos. 9301-19/Muni.67-05, dated the 6th April 1905 and 1378-92/Muni.93-06-6, dated the 10th August 1907 has been engaging the attention of Government for sometime past. It is found that sanitary reform has not progressed as expeditiously as desirable owing, among other causes, to the following defects in the organization of the Department:-

(1) The absence of a whole-time controlling officer.

(2) Want of a clear definition of the powers and duties of District Sanitary Officers and their relation to the local authorities who administer sanitary laws.

(3) The non-entertainment of the full complement of Sanitary and Assistant Sanitary Inspectors sanctioned in the Government Order of 8th April 1915, and the assignment to the Inspectors of duties other than strictly sanitary.

(4) The functions, powers and duties of the Central Sanitary Board not being properly defined.

(5) Inadequate arrangements made for vaccination.

(6) The absence of a Regulation making registration of vital statistics compulsory.

2. The opinions of certain selected officers and the Deputy Commissioners of Districts were invited on every one of these points, and after giving their most careful consideration to the several proposals put forward, Government are pleased to order as follows:-

(a) (i) There will hereafter be a whole-time Sanitary ~~Inspector~~ Commissioner at the head of the Sanitary Department, who will be independent of the Senior Surgeon. His pay will be Rs.1,500 per mensem.

(ii) The appointment of Deputy Sanitary Commissioner will be abolished, and Dr. Srinivasa Rao, will be the whole-time Sanitary Commissioner.

(iii) He will hold his office in a portion of the same building as is now occupied by the office of the Senior Surgeon and Sanitary Commissioner.

(b) He will also be in administrative charge of the Public Health Institute. He will be given the services of two Assistants with Public Health qualifications, one of the grade of Health Officer and the other of District Sanitary Officer. The senior of them will be in direct charge of the Public Health Institute with a local allowance of Rs.50 per mensem. The chief items of work to be done in the Public Health Institute will be as shown in Appendix "A".

(c) The following institutions viz., Lunatic Asylum, Medical Stores and Vaccine Institute will be placed in the direct charge of Dr. Pulpu, subject to the administrative control of the Senior Surgeon. He will

be styled Superintendent of the Vaccine Institute, Lunatic Asylum and Medical Stores and his pay will be Rs.800 per mensem.

Note:- Mr. Palpu may also remain in charge of the Central Jail pending further orders.

(d) Except in the Malnad Districts of Shimoga, Kadur and Hassan and the Mysore District, the District Medical Officer will also be ex-officio District Sanitary Officer of the District.

(e) The Senior Surgeon and Sanitary Commissioner will in consultation with each other frame rules defining the powers and duties of the District Sanitary Officers both full-time and ex-officio and their relation to the local Revenue and Municipal Officers and submit the same for the approval of Government.

(f) Arrangements should be made by all local bodies to employ Sanitary Inspectors and Assistant Sanitary Inspectors as per scale laid down in the Government Order of the 6th April 1905, as qualified men become available. Whenever the resource

of the local bodies are not enough to meet the cost of Sanitary Inspectors, Assistant Sanitary Inspectors may be entertained.

The Sanitary Commissioner should make necessary arrangements for training the required number of men in the local school of Hygiene during the next five or six years.

The duties of Sanitary and Assistant Sanitary Inspectors will be as detailed in Appendix "B" Local Officers should abstain from employing them on other than strictly sanitary duties, except under the conditions and to the extent permitted by Rule 7.

(g) The Central Sanitary Board will be re-constituted as follows:-

(1) Senior Surgeon - Member and President.

(2) Sanitary Commissioner. - Member and Vice President.

(3) The Senior officer in charge of the Public Health Institute.- Secretary and Member.

(4) Sanitary Engineer - Member

(5) Water-supply Engineer. - Member.

(6) Dr. P.S.Achyuta Rao.

(7) One non-official gentlemen to be nominated hereafter.

The Board will be tentative for one year and its work will be regulated according to the Rules appended to this order. (Appendix "C").

(h) Government have already passed orders in the matter of certain recommendations made by the Committee appointed to consider the Registration of vital statistics. It only remains to pass a Regulation at an early date making the registration compulsory.

3. These measures will come into force from the 1st March 1917. The cost of the scheme will be as shown in the appended statement.

Secretary to Government,
General Department.

To

The Sanitary Commissioner.
The Senior Surgeon.& I.G.of Prisons.
The Comptroller to Government.
The Chief Engineer
The Revenue Commissioner
The Deputy Commissioners of Dts.
The Presidents of Ml.& Dts.Boards.
The Presidents of Bangalore & Mysore City Municipal Councils.
The President Sanitary Board, Kolar Gold Fields.
The Other Heads of Departments.

...

| | Present scale | Average cost | Revised scale | Average cost | Remarks. |
|---|---|---|---|---|---|
| | I Direction. | | | | |
| | Sanitary Commissioner (Ex-officio) | Nil | Full-time | Rs.1,000 | |
| 2. | Deputy Sanitary Commissioner (Ex-officio) | Nil | (To be abolished) | | |
| 3. | Sanitary Commissioner's Office- | | | | |
| | (a) Manager (50-5/2-75) | 66⅔ | 100-10-150 | 137½ | |
| | (b) Clerical and menial establishment. | 284 | (same as at present) | 284 | |
| | II. PUBLIC HEALTH INSTITUTE. | | | | |
| 4. | Director of Public Health Institute and Deputy Sanitary Commissioner. | 1,000 | The Sanitary Commissioner will himself be in charge of the public health Institute | Nil. | |
| 5.(a) | Laboratory Assistant (80-10/2-120) | 104 8/9 | First Assistant (Rs.250-10/2-400) plus Rs.50 L.A. | 346 2/3 plus [illegible] | |
| | (b) Sub Assistant Surgeon (60 & 20) | 30 | Second Assistant (150-15-250) | 211 1/9 | |
| | (c) Establishment | 88 | (Same as at present). | 88 | |

| | | | |
|---|---|---|---|
| 6. ... | | | |
| (a) Assistant Surgeon 150 + 50 L.A. House rent | 150+100 | (same as at present) | 150+100 |
| (b) Establishment | 127 | | 127 |
| IV DISTRICT [illegible] | | | |
| 8. (a) 2 District Health Officers. (250-50/2-400) | 693 1/3 plus 50 H.A. to one officer. | 4 District Sanitary Officers. (150-10-250) | 844 4/9 |
| (b) 1 District Sanitary Officer (250-50 H.A.) | 300 | | |
| 5 District Sanitary Officers (150-10-250) | 1,055 5/9 | | |
| 9. Establishments of Dist. Sanitary officers. | 232 | (Same as at present) | 232 |
| 10. District Sanitary Assistants 3(80) | 240 | Do. | 240 |
| 11. Deputy Inspectors of Vaccination. (60), (40) | 100 | Do. | 100 |
| 12 (a) 94 Vaccinators | 1,372 | Do. | 1,372 |
| (b) 8 Reserve Vaccinators | 112 | | |
| (c) Allowance to Vaccinators | 50 | | |
| | 5,900 36 | | 5,906 8 |

Mem. Recommendation dated 23.4.23 + 36

## APPENDIX A.

## WORK IN THE PUBLIC HEALTH INSTITUTE

Medico-legal work and other chemical analyses.

Examination of samples submitted by the various local bodies in connection with the efficient working of the rules framed under the Health Clauses of the Municipal Regulations.

Systematic periodical examination of the principal sources of drinking water supply throughout the State and a continuous maintenance of a record of results with reference to each area. To begin with, the work may be confined to places where local fund dispensaries are stationed. It will be the duty of the Public Health Institute to write for and obtain samples regularly and not to rest content with the examination of only such samples as are sent up Particular attention should be paid to new or improved sources of water supply provided under the Village Improvement Scheme.

Classification of micro-organisms found in the samples of waters examined and determination of their powers of resistence to natural purifying agencies, examination of specimens for Plague, Kala-azar, Tubercle-germs, etc., investigation of the organism of syphilis in still-born foetuses with reference to the syphilitic history of both parents; preparation of bacterial vaccines for prophylactic use in cases of Typhoid, chronic sequalae of Gonorrhoea, etc., study of the life history of parasites and their relation to diseases in man, investigation of the efficiency of the method of disinfection as at present carried on in the State; determination of the germicidal and publicidal values of various disinfectants; examination of food stuffs for adulteration and fitness for human

consumption; quantitative analysis of staple foods - such as different varieties of ragi, wheat, dhall &c., of the fruits, vegetables, green, etc., grown and used in the State, of milk and its products; and a determination of the relative dietetic values of each of the articles.

5. Original research work in other directions if any with particular reference to local sanitary needs.

6. Education of the masses in the rudiments of Hygiene through pamphlets, leaflets, public lectures and lantern slide exhibitions; publishing bulletins of results of research; and contributions to the Economic Journal.

7. Training of Sanitary and Assistant Sanitary Inspectors.

## APPENDIX B

The Sanitary Inspector shall be directly subordinate to the President or Vice President of the local body having jurisdiction over the area in which he is employed.

He shall, on taking charge acquaint himself with all the details connected with the Sanitary Administration of the area and also of the properties vested in the local body.

The Sanitary Inspectors employed for a Taluk should arrange to visit every Union once in two months and the other villages at least twice a year.

He should report at once the outbreak of Cholera, Plague or other infectious disease in his area to the Assistant and District Sanitary Officer and lose no time in proceeding to the spot for carrying out such preventive measures as may be necessary, receiving instructions from the Assistant and the District Sanitary Officer. In cases of outbreaks of cholera he will investigate the sources of the water supply suspected to be contaminated.

It is also his duty to watch the frontier villages carefully and report cases of plague or cholera immediately on their occurrence.

He shall supervise the registers of births and deaths as often as possible, verifying entries by personal inquiry. He is also responsible for the accurate compilation of figures in the Taluk Office.

In municipalities or in Taluk Boards when a separate provision is not made for supervision of minor works it will be the duty of Sanitary or Assistant Sanitary Inspectors to supervise such minor works as would ordinarily come under the supervision of an Overseer provided that sanitary works should generally have precedence over others.

8. He will be in charge of sanitation gangs or conservancy staff wherever such staff is employed.

9. It will be an important part of the Sanitary Inspector's duty when visiting villages, to see that the village sanitation rules are properly enforced and observed. He should as far as possible inspect all new houses being erected or the re-building of old houses and other sanitary works undertaken in any village and see that the sanitary agency exercise the powers vested in them under the village sanitation rules properly and with due regard to the sanitation of the village.

10. The Sanitary Inspector employed in a Municipality should similarly see that the health clauses of the Municipal regulations are duly enforced.

11. The Sanitary Inspector shall assist village committees in preparing schemes of Sanitary improvement in villages, and furnish simple plans and instructions for such works and in spreading correct ideas on sanitation in rural areas.

12. Sanitary Inspector should keep a diary which in the case of Municipalities should be sent daily to the Vice-President, who will scrutinise it and forward with his remarks to the District Sanitary Officer. In the case of Taluk Boards a weekly diary shall be sent to the Amildar of the Taluk who will deal with it in the manner prescribed for Vice-Presidents of Municipalities. He should note the remarks of the Amildar and the District Sanitary Officer and carry out the instructions given by them.

## APPENDIX C

## Central Sanitary Board.

## R U L E S.

1. The Central Sanitary Board shall consist of seven members, viz.,

(1) Senior Surgeon - Member and President

(2) Sanitary Commissioner - Member and Vice-President

(3) The Senior Officer in charge of the Public Health Institute - Secretary and Member.

(4) Sanitary Engineer - Member

(5) Water Supply Engineer - Member

(6) Dr. P.S. Achyuta Rao

(7) One non-official gentleman to be nominated hereafter

2. It shall be the duty of the Central Sanitary Board to advise on all schemes for sanitary improvement, costing Rs.5,000/- and above that may be referred to it, for consideration by any local authority or by the Chief Engineer or by Government.

3. It shall also be its duty to give advice generally on all sanitary matters of immediate practical interest, that may be referred to it for opinion.

4. No sanitary work or project costing more than Rs.5,000/- shall be undertaken by any local authority or department of the Government without the previous approval of the Sanitary Board.

The term "Sanitary work or project" includes:-

(a) Construction of hospitals, dispensaries, markets, slaughter houses;

(b) works relating to town improvement such as extensions, formation or removal of villages;

(c) works relating to water supply;

(d) works relating to drainage;

(e) new constructions including public buildings intended for the accommodation, regularly or periodically, of large numbers of people, such as schools and public halls.

Note:- No sanitary work costing Rs.1,000/- and above shall be executed by any local authority or Department of Government without the estimate therefor being previously sent to the Sanitary Engineer for professional scrutiny.

In the case of works falling under Rule 4 and requiring the sanction of Government, estimates and connected papers should be submitted to Government through the Central Sanitary Board or the Sanitary Engineer as the case may be.

All new or revised projects sent up by the Board of Trustees for the City Improvement, Mysore, shall be carefully scrutinised and checked in the Chief Engineer's Office in respect of their engineering features and then forwarded to the Central Sanitary Board for approval. After approval by the Sanitary Commissioner they shall be forwarded to Government for sanction, through the Chief Engineer.

After an estimate has been duly sanctioned by the proper authority, the Central Sanitary Board shall have no control over the execution of the work, but it shall be open to the Board to make proposals as to any modifications which it considers desirable from a sanitary point of view. These proposals shall be taken into consideration by the authority executing the work and be given effect to as far as possible; provided that, when such

authority is unable to accept the proposals, the matter shall be submitted to Government for orders.

It shall be the duty of the Sanitary Commissioner to bring from time to time to the notice of the Board, schemes for the improvement of the sanitary condition of any particular locality or of the State as a whole. When the necessity for such schemes is recognised by the Board, they shall be included in a register of schemes which require attention immediately or in the near future. A list of such schemes entered in the order of their urgency shall be forwarded to the local authority or the Department of Government concerned, every year at least one month previous to the consideration of the budget by such authority.

Note:- The list should be descriptive and should contain such items of information as will enable the authority in question to decide whether the schemes are such as will warrant their inclusion in the budget estimate. In every case, the approximate cost should be stated.

9. The Board shall ordinarily transact business by circulating papers but the President may convene a meeting at any time for discussing important matters.

10. Members shall not keep the papers for more than a week. As a general rule, no project is to be before the Board for more than two months. Should a longer period be found necessary the fact should be made the subject of a special report to Government by the Sanitary Commissioner.

11. The President may through the Secretary call for such information from local bodies and Government Officers as may be necessary for the furtherance of the business under

these rules. Such information shall be called for by letters and not in the form of Proceedings.

12. The Sanitary Commissioner may correspond direct with the Sanitary Engineer on all minor matters and may consult him informally as often as necessary, but communications on important matters shall pass through the Chief Secretary or copies be sent to him if they are not addressed to him.

13. All requisitions for projects shall be addressed by the Sanitary Commissioner to the Chief Secretary and not direct to the Sanitary Engineer.

14. The Secretary shall summarise the opinion of the Board and the proceedings shall be recorded in the form of resolutions which will be signed by the President.

15. All resolutions shall be published in the Bombay Gazette as soon, after they are passed, as possible.

16. In the event of a difference of opinion among the members of the Board the decision of the majority shall prevail the President having a casting vote, when voted. are equally divided. Any member may record a minute of dissent and may be required that the same may be submitted with a copy of the resolutions to which it relates, for the orders of Government.

17. Each Municipality executing any work on which the Central Sanitary Board have advised, shall, not later than 31st January every year, furnish information to the Central Sanitary Board, as to the progress made in the execution of each work together with explanatory remarks in case of delay or failure to carry out any of the estimates. Such statement shall be incorporated by the Sanitary Commissioner in the Annual Sanitary Report submitted to Government.

16. The Sanitary Engineer shall, through the Chief Engineer, furnish a similar report to the Central Sanitary Board, in respect of the estimates falling under his jurisdiction.

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# Government of His Highness the Maharaja of Mysore.

GENERAL AND REVENUE DEPARTMENTS.

## G. O. No. 5113-63—San. 86-18-35, dated 8th Feb. 1917.

**Public Health Department.**

Sanctions the re-organization of the –

W. D. 1950—GPB—8-2-17—300

**Public Health Department**

No. 5113-63—San. 86-13-35, dated 8th February 1917.

PROCEEDINGS OF THE GOVERNMENT OF HIS HIGHNESS THE MAHARAJA OF MYSORE.

GENERAL AND REVENUE DEPARTMENTS.

**Order No. 5113-63—San. 86-13-35, dated 8th February 1917.**

The question of the re-organization of the Sanitary Department constituted by Government Orders Nos. 9301-19—Ml. 67-03 dated the 8th April 1905, and 1378-92—San. 93-06-8 dated the 10th August 1907, has been engaging the attention of Government for some time past. It is found that sanitary reform has not progressed as expeditiously as desirable owing, among other causes, to the following defects in the organization of the Department :—

(1) The absence of a whole-time controlling officer.

(2) Want of a clear definition of the powers and duties of District Sanitary Officers and their relation to the local authorities, who administer sanitary laws.

(3) The non-entertainment of the full complement of Sanitary and Assistant Sanitary Inspectors sanctioned in the Government Order of 8th April 1905, and the assignment to the Inspectors of duties other than strictly sanitary.

(4) The functions, powers and duties of the Central Sanitary Board not being properly defined.

(5) Inadequate arrangements made for vaccination.

(6) The absence of a Regulation making registration of vital statistics compulsory.

2. The opinions of certain selected officers and the Deputy Commissioners of Districts were invited on every one of these points, and after giving their most careful consideration to the several proposals put forward, Government are pleased to order as follows :—

(*a*) (i) There will hereafter be a whole-time Sanitary Commissioner at the head of the Sanitary Department, who will be independent of the Senior Surgeon. His pay will be Rs. 1,000 per mensem.

(ii) The appointment of Deputy Sanitary Commissioner will be abolished, and Dr. Srinivasa Rao will be the whole-time Sanitary Commissioner.

(iii) He will hold his office in a portion of the same building as is now occupied by the office of the Senior Surgeon and Sanitary Commissioner.

(*b*) He will also be in administrative charge of the Public Health Institute. He will be given the services of two Assistants with Public Health qualifications, one of the grade of Health Officer and the other of District Sanitary Officer. The senior of them will be in direct charge of the Public Health Institute with a local allowance of Rs. 50 per mensem. The chief items of work to be done in the Public Health Institute will be as shown in Appendix A.

(*c*) The following institutions, *viz.*, Lunatic Asylum, Medical Stores and Vaccine Institute will be placed in the direct charge of Mr. Palpu, subject to the administrative control of the Senior Surgeon. He will be styled Superintendent of the Vaccine Institute, Lunatic Asylum and Medical Stores and his pay will be Rs. 800 per mensem.

(*d*) Except in the malnad districts of Shimoga, Kadur and Hassan and the Mysore District, the District Medical Officer will also be *ex-officio* District Sanitary Officer of the District.

No. 5113-63—San. 86-13-35, dated 8th February 1917.

(*e*) The Senior Surgeon and the Sanitary Commissioner will, in consultation with each other, frame rules defining the powers and duties of the District Sanitary Officers, both full-time and *ex-officio*, and their relation to the local Revenue and Municipal Officers, and submit the same for the approval of Government.

(*f*) Arrangements should be made by all local bodies to employ Sanitary Inspectors and Assistant Sanitary Inspectors as per scale laid down in the Government Order of the 8th April 1905, as qualified men become available. Whenever the resources of the local bodies are not enough to meet the cost of Sanitary Inspectors, Assistant Sanitary Inspectors may be entertained.

The Sanitary Commissioner should make necessary arrangements for training the required number of men in the local school of Hygiene during the next five or six years.

The duties of Sanitary and Assistant Sanitary Inspectors will be as detailed in Appendix B. Local Officers should abstain from employing them on other than strictly sanitary duties, except under the conditions and to the extent permitted by Rule 7.

(*g*) The Central Sanitary Board will be re-constituted as follows :—

(1) Senior Surgeon—Member and President.
(2) Sanitary Commissioner—Member and Vice-President.
(3) The Senior Officer in charge of the Public Health Institute—Secretary and Member.
(4) Sanitary Engineer
(5) Water-Supply Engineer — Members.
(6) Dr. P. S. Achyuta Rao
(7) One non-official gentleman to be nominated hereafter

The Board will be tentative for one year and its work will be regulated according to the Rules appended to this order. (Appendix C.)

(*h*) Government have already passed orders in the matter of certain recommendations made by the Committee appointed to consider the registration of vital statistics. It only remains to pass a Regulation at an early date making the registration compulsory.

3. These measures will come into force from the 1st March 1917. The cost of the scheme will be as shown in the appended statement.

D. M. NARASINGA RAO,
*Secy. to Govt., Gen. Dept.*

To—The Sanitary Commissioner.
The Senior Surgeon and Inspector-General of Prisons.
The Comptroller, Mysore Government.
The Chief Engineer for communication to the Sanitary and Water Supply Engineers also.
The Revenue Commissioner.
The Deputy Commissioners of Districts.
The Presidents of Municipal and District Boards.
The Presidents of Bangalore and Mysore City Municipal Councils.
The President, Sanitary Board, Kolar Gold Fields.
The other Heads of Departments.
Dr. P. S. Achyuta Rao.
PRESS TABLE.

Exd.—R. K.

# No. 5113-63—San. 86-13-35, dated 8th February 1917.

## RE-ORGANIZATION OF THE SANITARY DEPARTMENT.

Statement of Cost.

| Present scale | Average cost | Revised scale | Average cost | Remarks |
|---|---|---|---|---|
| 1 | 2 | 3 | 4 | 5 |
| | Rs. | | Rs. | |
| *I. Direction.* | | | | |
| 1. Sanitary Commissioner (*Ex-officio*) ... | ..... | Full-time ... ... | 1,000 | |
| 2. Deputy Sanitary Commissioner *Ex-officio* ... | ..... | (To be abolished) ... ... | ..... | |
| 3. Sanitary Commissioner's Office— | | | | |
| (*a*) Manager (50—5—75) ... ... | 66⅔ | 100—10—150 ... ... | 137½ | |
| (*b*) Clerical and menial establishment ... | 284 | (Same as at present) ... | 284 | |
| *II. Public Health Institute.* | | | | |
| 4. Director of Public Health Institute and Deputy Sanitary Commissioner ... ... | 1,000 | The Sanitary Commissioner will himself be in charge of the Public Health Institute... | ..... | |
| 5. (*a*) Laboratory Assistant (80—5—120) ... | 104⅛ | First Assistant (Rs. 250—25—400) *plus* Rs. 50 local allowance ... ... | 346⅔ *plus* Rs. 50 local allowance. | |
| (*b*) Sub-Assistant Surgeon (60+20) ... | 80 | Second Assistant (150—10—250) | 211½ | |
| (*c*) Establishment ... ... | 88 | (Same as at present) ... | 88 | |
| *III. Vaccine Institute.* | | | | |
| 6. ..... | ..... | Superintendent ... | 266⅔ | ⅓ pay of Superintendent to be debited to Sanitary budget. |
| 7. (*a*) Assistant Surgeon 150+50 local allowance + house-rent 50 ... ... | 150+100 | (Same as at present) ... | 150+100 | |
| (*b*) Establishment ... ... | 127 | Do ... | 127 | |
| *IV. District Establishment.* | | | | |
| 8. (*a*) 2 District Health Officers (250—25—400) ... | 693⅓ *plus* 50 personal allowance to one officer. | Four District Sanitary Officers (150—10—250) ... ... | 844⅓ | |
| (*b*) District Sanitary Officer (250+50 personal allowance) ... ... ... | 300 | ..... | ..... | |
| 5 District Sanitary Officers (150—10—250) | 1,055⅝ | ..... | ..... | |
| 9. Establishment of District Sanitary Officers ... | 232 | (Same as at present) ... | 232 | |
| 10. District Sanitary Assistants 3 (80) ... | 240 | Do ... | 240 | |
| 11. Deputy Inspectors of Vaccination (60), (40) ... | 100 | Do ... | 100 | |
| 12. (*a*) 94 Vaccinators ... ... ... | 1,072 | Do ... | 1,072 | |
| (*b*) 8 Reserve Vaccinators ... ... | 112 | Do ... | 112 | |
| (*c*) Allowances to Vaccinators ... ... | 45 | Do ... | 45 | |
| Total ... | 5,900⅝ | Total ... | 5,406⅞ | Net decrease Rs. 493¾. |

## No. 5113-63—San. 86-13-35, dated 8th February 1917.

### APPENDIX A.

WORK IN THE PUBLIC HEALTH INSTITUTE.

1. Medico-legal work and other chemical analyses.

2. Examination of samples submitted by the various local bodies in connection with the efficient working of the rules framed under the Health Clauses of the Municipal Regulation.

3. Systematic periodical examination of the principal sources of drinking water-supply throughout the State and a continuous maintenance of a record of results with reference to each area. To begin with, the work may be confined to places where local fund dispensaries are stationed. It will be the duty of the Public Health Institute to write for and obtain samples regularly and not to rest content with the examination of only such samples as are sent up. Particular attention should be paid to new or improved sources of water-supply provided under the Village Improvement Scheme.

4. Classification of micro-organisms found in the samples of waters examined and determination of their powers of resistence to natural purifying agencies, examination of specimens for Plague, Kala-azar, Tuberclo-germs, etc., investigation of the organism of syphilis in still-born fœtuses with reference to the syphilitic history of both parents; preparation of bacterial vaccines for prophylactic use in cases of Typhoid, chronic sequalae of Gonorrhœa, etc., study of the life-history of parasites and their relation to diseases in man, investigation of the efficiency of the method of disinfection as at present carried on in the State; determination of the germicidal and publicidal values of various disinfectants; examination of food stuffs for adulteration and fitness for human consumption; quantitative analysis of staple foods such as different varieties of ragi, wheat, dhall, etc., of the fruits, vegetables, green, etc., grown and used in the State, of milk and its products; and a determination of the relative dietetic values of each of the articles.

5. Original research work in other directions, if any, with particular reference to local sanitary needs.

6. Education of the masses in the rudiments of Hygiene through pamphlets, leaflets, public lectures and lantern slide exhibitions; publishing bulletins of results of research; and contributions to the Economic Journal.

7. Training of Sanitary and Assistant Sanitary Inspectors.

### APPENDIX B.

The Sanitary Inspector shall be directly subordinate to the President or Vice-Persident of the local body having jurisdiction over the area in which he is employed.

2. He shall, on taking charge acquiant himself with all the details connected with the Sanitary administration of the area and also of the properties vested in the local body.

3. The Sanitary Inspectors employed for a taluk should arrange to visit every Union once in two months and the other villages at least twice a year.

4. He should report at once the outbreak of cholera, plague or other infectious disease in his area to the Amildar and District Sanitary Officer and lose no time in proceeding to the spot for carrying out such preventive measures as may be necessary, pending instructions from the Amildar and the District Sanitary Officer. In cases of outbreaks of cholera, he will hankinise the sources of water-supply suspected to be contaminated.

5. It is his duty to watch the frontier villages carefully and report cases of plague or cholera immediately on their occurrence.

6. He shall scrutinise the registers of births and deaths as often as possible, verifying entries by personal enquiry and be also responsible for the accurate compilation of figures in the Taluk Office.

7. In Municipalities or in Taluk Boards when a separate provision is not made for supervision of minor works, it will be the duty of Sanitary or Assistant Sanitary Inspectors to supervise such minor works as would ordinarily come under the supervision of an Overseer provided that Sanitary works should generally have precedence over others.

8. He will be in charge of sanitation gangs or conservancy staff wherever such staff is employed.

9. It will be an important part of the Sanitary Inspector's duty when visiting villages, to see that the village sanitation rules are properly enforced and observed. He should as far as possible inspect all new houses being erected or the re-building of old houses and other sanitary works undertaken in any village and see that the sanitary agency exercise the powers vested in them under the village sanitation rules properly and with due regard to the sanitation of the village.

10. The Sanitary Inspector employed in a Municipality should similarly see that the health clauses of the Municipal Regulations are duly enforced.

11. The Sanitary Inspector shall assist Village Committees in preparing schemes of Sanitary Improvement in villages, in furnishing simple plans and instructions for such works and in spreading correct ideas on sanitation in rural areas.

12. The Sanitary Inspector should keep a diary which in the case of Municipalities should be sent daily to the Vice-Persident, who will scrutinise it and forward with his remarks to the District Sanitary Officer. In the case of Taluk Boards, a weekly diary shall be sent to the Amildar of the taluk who will deal with it in the manner prescribed for Vice-Presidents of Municipalities. He should note the remarks of the Amildar and the District Sanitary Officer and carry out the instructions given by them.

No. 5113-63—San. 86-13-35, dated 8th February 1917.

## APPENDIX C.

### Central Sanitary Board.

*Rule.*

1. The Central Sanitary Board shall consist of seven members, *viz.*—
   (1) Senior Surgeon—Member and President.
   (2) Sanitary Commissioner—Member and Vice-President.
   (3) The Senior Officer in charge of the Public Health Institute—Secretary and Member
   (4) Sanitary Engineer.
   (5) Water-Supply Engineer.
   (6) Dr. P. S. Achyuta Rao. Members.
   (7) One non-official gentleman to be nominated hereafter.

2. It shall be the duty of the Central Sanitary Board to advise on all schemes for sanitary improvement, costing Rs. 5,000 and above that may be referred to it, for consideration by any local authority or by the Chief Engineer or by Government.

3. It shall also be its duty to give advice generally on all sanitary matters of immediate practical interest that may be referred to it for opinion.

4. No sanitary work or project costing more than Rs. 5,000 shall be undertaken by any local authority or department of the Government without the previous approval of the Sanitary Board.

The term "Sanitary work or project" includes :—

(*a*) construction of hospitals, dispensaries, markets, slaughterhouses ;

(*b*) works relating to town improvement such as extensions, formation or removal of villages ;

(*c*) works relating to water-supply ;

(*d*) works relating to drainage ;

(*e*) new constructions including public buildings intended for the accommodation, regularly or periodically, of large numbers of people, such as schools and public halls.

Note.—No sanitary work costing Rs. 1,000 and above shall be executed by any local authority or Department of Government without the estimate therefor being previously sent to the Sanitary Engineer for professional scrutiny.

5. In the case of works falling under Rule 4 and requiring the sanction of Government, estimates and connected papers should be submitted to Government through the Central Sanitary Board or the Sanitary Engineer as the case may be.

6. All new or revised projects sent up by the Board of Trustees for the City Improvement, Mysore, shall be carefully scrutinised and checked in the Chief Engineer's Office in respect of their engineering features and then forwarded to the Central Sanitary Board for approval. After approval by the Sanitary Commissioner, they shall be forwarded to Government for sanction, through the Chief Engineer.

7. After an estimate has been duly sanctioned by the proper authority, the Central Sanitary Board shall have no control over the execution of the work, but it shall be open to the Board to make proposals as to any modifications which it considers desirable from a sanitary point of view. These proposals shall be taken into consideration by the authority executing the work and be given effect to, as far as possible ; provided that, when such authority is unable to accept the proposals, the matter shall be submitted to Government for orders.

8. It shall be the duty of the Sanitary Commissioner to bring from time to time to the notice of the Board, schemes for the improvement of the sanitary condition of any particular locality or of the State as a whole. When the necessity for such schemes is recognised by the Board, they shall be included in a register of schemes which require attention immediately or in the near future. A list of such schemes entered in the order of their urgency shall be forwarded to the local authority or the Department of Government concerned, every year at least one month previous to the consideration of the budget by such authority.

Note.—The list should be descriptive and should contain such items of information as will enable the authority in question to decide whether the schemes are such as will warrant their inclusion in the budget estimate. In every case, the approximate cost should be stated.

9. The Board shall ordinarily transact business by circulating papers but the President may convene a meeting at any time for discussing important matters.

10. Members shall not keep the papers for more than a week. As a general rule, no project is to be before the Board for more than two months. Should a longer period be found necessary, the fact should be made the subject of a special report to Government by the Sanitary Commissioner.

11. The President may through the Secretary call for such information from local bodies and Government Officers as may be necessary for the furtherance of the business under these rules. Such information shall be called for by letters and not in the form of Proceedings.

12. The Sanitary Commissioner may correspond direct with the Sanitary Engineer on all minor matters and may consult him informally as often as necessary, but communications on important matters shall pass through the Chief Engineer or copies be sent to him if they are not addressed to him.

## No. 5113-68—SAN. 86-13-35, DATED 8TH FEBRUARY 1917

13. All requisitions for projects shall be addressed by the Sanitary Commissioner to the Chief Engineer and not direct to the Sanitary Engineer

14. The Secretary shall summarise the opinion of the Board, and the proceedings shall be recorded in the form of resolutions which will be signed by the President.

15. All resolutions shall be published in the *Mysore Gazette* as soon, after they are passed, as possible.

16. In the event of a difference of opinion among the members of the Board, the decision of the majority shall prevail, the President having a casting vote, when votes are equally divided. But any member may record a minute of dissent and may be required that the same may be submitted with a copy of the resolutions to which it relates, for the orders of Government.

17. Each authority executing any work on which the Central Sanitary Board have advised, shall, not later than 31st January every year, furnish information to the Central Sanitary Board, as to the progress made in the execution of each work together with the explanatory remarks in case of delay or failure to carry out any of the estimates. Such statement shall be incorporated by the Sanitary Commissioner in the Annual Sanitary Report submitted to Government.

18. The Sanitary Engineer shall, through the Chief Engineer, furnish a similar report to the Central Sanitary Board, in respect of the estimates falling under his jurisdiction.